

**UCSD POLICY AND PROCEDURE MANUAL
EQUIPMENT MANAGEMENT - 0953**

Issuing Office: Equipment Management

FAB NO. _____

FABRICATION REQUEST

To: Equipment Management, 0953

Administrative Contact _____ Ext _____

Department _____ Index No. _____

Funding Agency _____ Fund No. _____ Org No. _____

Location: Bldg. _____ Room _____ Mail Code _____

Estimated Value _____ Estimated Completion Date _____, 2____

Upon completion of the fabrication, title will vest initially with:

- University – taxable Government – non-taxable

Quantity / Description / Function

Quantity: _____

Description: _____

Function: _____

Prepared by: _____ Date: _____, 2____

Principal Investigator

Department Authorization

Equipment Management Approval: _____ Date: _____, 2____