



Intent to Fabricate

Date

Department

Principal Investigator

Funding Source
(Index Charge #)

Project Sponsor
(Funding Agency)

Asset / Device /
System Name

(to be used consistently on all expenditure documents; no abbreviations.)

Estimated Completion
Date

Estimated Total
Cost

Building / Room where
Asset will be located:

Existing Property
Number (if applicable)

Description of Fabricated Asset

Submitted By: (PI) _____ Contact Number _____

Date _____