

**UTAH STATE UNIVERSITY**  
**NOTICE OF INTENT TO FABRICATE EQUIPMENT**

DEPARTMENT NAME		UMC	TELEPHONE NO.
NAME (PRINT)	TITLE	SIGNATURE	DATE

Principle Investigator: \_\_\_\_\_

Project Sponsor (Funding Agency): \_\_\_\_\_

Contract or Grant Number: \_\_\_\_\_

Expected Project Completion Date: \_\_\_\_\_

Estimated Project Cost: \_\_\_\_\_

Location (Building and Room) Where Asset Will Be Located: \_\_\_\_\_

Description of Asset:

Previous Asset Number (if Applicable): \_\_\_\_\_

\_\_\_\_\_  
EQUIPMENT MANAGER SIGNATURE

\_\_\_\_\_  
DATE

Equipment Management Services  
Phone 435-797-0499, Fax 435-797-1077

UMC 2400