

## Intent to Fabricate

Date			
Department			
Principal Investigator			
Funding Source (Index Charge #)			
Project Sponsor (Funding Agency)			
Asset / Device / System Name			
	(to be used consistently o	n all expenditure docume	nts; 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)

Date