

Fabricated Equipment policy located at [03-150-412 Equipment Fabrications](#)

Name of fabricated unit: _____

Description of functionality:

List of major parts with cost estimate for each:

Building and Room # where unit will be located: _____

List all funding sources and index number(s), if available: _____

Warning: Ownership (Title-To code) must be the same. Split Funding may cause university ownership issues.

Reminder: Capital equipment values *exclude* extended maintenance, warranties, training and software less than \$100,00.00.

Check below to certify this proposed fabricated unit meets **all** of the following requirements:

Complete in itself

Movable as a single unit

The parts are permanently attached and integrated to each other

The parts will remain together until the entire asset unit is sent to Surplus Property

Individual components cannot be used and function separately apart from the fabricated unit

Attached is a basic schematic diagram which demonstrates how the parts are integrated and work together

Signed: _____

Date: _____

Printed Name: _____

Phone: _____

Department: _____

BC: _____

Completed and approved fabrication form with schematic diagram must be filed with Proposal Transmittal Form or RERF Request. After funding is approved, forward the approved fabrication form with the initial Purchase Requisition to the buyer within your Business Center.

Return completed form for approval to Fixed.Assets@oregonstate.edu

Property Management use only

This application has been reviewed based on the criteria as outlined in the Property Management Manual, section PRO 210.
The following determination is made:

Approved as one unit *

Not Approved; Process as individual pieces

* **Approval may be reversed by Fixed Assets if it is later determined that the unit does not meet the fabricated equipment criteria**

Authorized by:

Signed: _____ Date: _____

Printed Name: _____ Title: _____