

Fabricated Equipment Request, Modification, and Completion Form

LAST UPDATED: 4/1/21

Instructions

Please complete and sign this form for the Fabricated Equipment items on sponsored projects (G0001 and G0002) and send to your ORPA Administrator.

Section I: Fabricated Equipment Item Selection

- ITEM INITIATION REQUEST
- ITEM MODIFICATION REQUEST (COMPLETE FIELDS BELOW THAT ARE BEING MODIFIED. NOT NECESSARY FOR A DATE EXTENSION ONLY.)
- ITEM COMPLETION

Section II: General Information

PS AWARD #	PROJECT #	COEUS IP #	PRINCIPAL INVESTIGATOR NAME	
FABRICATION START DATE (MUST BE ON OR AFTER EFFECTIVE DATE OF AWARD)			ESTIMATED COMPLETION DATE (MUST BE ON OR BEFORE AWARD END DATE)	
FABRICATED EQUIPMENT ITEM NAME (USED AS PRIMARY ITEM NAME IN ASSET RECORD WHEN COMPLETE)				
FABRICATED EQUIPMENT ITEM DESCRIPTION				
ESTIMATED USEFUL LIFE AFTER COMPLETION		LOCATION OF FABRICATION CONSTRUCTION (BUILDING/ROOM/OTHER) <input type="checkbox"/> ON CAMPUS <input type="checkbox"/> OFF CAMPUS		
SPECIFY:				
IS THE COST OF THIS ITEM BEING SUPPORTED BY OTHER FEDERAL AWARDS WITH FE PROJECTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE EACH PROJECT NUMBER AND ITS ALLOCABLE SHARE OF THE COST BELOW. ATTACH ADDITIONAL DOCUMENT IF MORE THAN FOUR OTHER PROJECTS ARE SHARING THE COST.				
OTHER PROJECT #1	AMOUNT #1	OTHER PROJECT #2	AMOUNT #2	
OTHER PROJECT #3	AMOUNT #3	OTHER PROJECT #4	AMOUNT #4	

Section III: Fabrication Budget (Attach additional lines as needed)

Include only Material and Non-Salary Services; for Modification requests, enter revised budget.

Budget Category	For New Requests, Enter Cost Below	For Modification Requests, Enter +/- Cost Adjustments Below
BUDGET FOR NEW REQUESTS \$		
TOTAL BUDGET CHANGE FOR MODIFICATION REQUESTS \$		

Section IV: To be completed by ORPA for Item Initiation Requests

Check box to confirm action completed FABRICATED EQUIPMENT ATTRIBUTE - ADDED TO PS PROJECT

Section V: Item Completion

ACTUAL COMPLETION DATE		FINAL FABRICATION COST		
Location of Fabricated Equipment Item				
BUILDING	ROOM	RESPONSIBLE DEPARTMENT	POINT OF CONTACT (IF OTHER THAN PI)	

WILL ITEM BE DELIVERED TO SPONSOR UPON COMPLETION? YES NO IF YES, ENTER SPONSOR ADDRESS BELOW.

IMPORTANT NOTE: THIS ITEM CANNOT BE SHIPPED OUTSIDE OF THE U.S. UNTIL THIS FORM HAS BEEN SUBMITTED AND APPROVED BY YOUR ORPA ADMINISTRATOR.

SPONSOR NAME		CONTACT PERSON (IF APPLICABLE)	
STREET		CITY/TOWN	
STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	

Section VI: To be completed by the Controller's Office after item is completed

ASSET TAG NUMBER	MASTER SERIAL NUMBER
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Section VII: Signature required for item initiation and modification requests

To the best of my knowledge, this fabricated equipment item and/or modification thereof will result in a unique and discrete item which cannot be acquired off-the-shelf, has a useful life of more than one year, and is made of material and components which cumulatively cost \$5,000 or more.

PRINCIPAL INVESTIGATOR NAME	DATE	SIGNATURE
ORPA NAME	DATE	SIGNATURE

DISTRIBUTION:
Project File/PeopleSoft,OnBase, Chiz Walter, Requesting Department Administrator, Exports@princeton.edu, Controller's Office