PFMO-73

UNIVERSITY OF HAWAI‘I
FABRICATED EQUIPMENT

Asset Representative: _________________________________________

Department: _______________________________________________

Equipment description: ______________________________________

Additional description (which specifically identifies the item): __________________________

On-campus location: _________________________________________

Building Campus Code   Building Number   Room Number

Off-campus location (if applicable): ____________________________

Ownership: __________________________________________________

University, Federal or Agency

Grant number: ________________________________________________

Estimated completion date: ________________________________

Estimated total amount: _________________________________

Years expected to retain asset once fabrication is complete: ________

__________________________________________  FA Code  ____________

Signature of Fiscal Administrator  Date

For use by Property and Fund Management Office:

Asset Number: ______________  Asset Tag Number: _______________

Asset Fabrication Maintenance Document Number: ________________

Revision Date: 05/16/13