

**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: _____

Signature of Fiscal Administrator FA Code Date

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For use by Property and Fund Management Office:

Asset Number: _____ Asset Tag Number: _____

Asset Fabrication Maintenance Document Number: _____