Michigan Tech		Property Office Use Only
FABRICATED EQUIPMENT FOR	RM	TAG#
_		Notes:
DEPARMENT:		
NAME OF PI:		
NAME OF REQUESTOR:		
CRONGOD OF PROJECT	DIDEN II	
SPONSOR OF PROJECT	INDEX # (Acct #)	
TELEPHONE NUMBER:		-
DATE	_	
Title of completed equipment:		
Estimated cost of the equipment:	Estimated equipment comp	letion date:
Initial location of equipment: Building:		
REQUIRED: Attach a design or drawing(s) and		Room:
TEQUITED. Treach a design of drawing(s) and		
SIGNATURE OF AUTHORIZED DEPARTMENT PERSONNEL SIGNATURE OF PROPERTY OFFICE	a list of components requi	

