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**Request to Fabricate Capital Equipment**

**Must meet all 4 asset criteria on page 2**

**FABRICATION ASSET #:**

***(Sub-Grant number assigned by OSP****)*

Principal Investigator

Work Tags(s):

Short Name of Equip. being Fabricated:

 (for easy identification)

Reason for Fabrication & Description of Equipment:

Projected Date (Month/Year) When Equipment will first be functional:

Projected Date (Month/Year) When Fabrication will be Finished:

Estimated Total Dollar Value when Finished:

Estimated Useful Life Span of Equipment (No of Yrs):

Location of Equipment

 Date:

(Signature – Principal Investigator)

 Date:

(Signature - Chair)

 Date:

(Signature - Office of Sponsored Programs

 Date:

(Signature – Business Asset & Cost Recovery

**PLEASE NOTE: 1) No expenditures for fabricating capital equipment will be allowed until this form has been approved as indicated in the policy.**

**2) Following approvals, all purchase requisitions/Purchase orders MUST refer to the fabricated asset # or they will be disallowed.**

**Determination of Fabrication Equipment to be a Capital/Fixed Asset**

Please check box for each of the four criteria below: **YES NO**

1. The cost of the fabrication equipment will be a

minimum of $5,000 upon completion

1. The fabricated equipment will have a useful life of

greater than one year

1. The fabricated equipment will be titled to or owned

by UVA

1. The fabricated equipment will function as a standalone

item or as integral part of a larger UVA-owned system.

*Revised February 2024*