

Notification of Completion of Fabrication

Departmental Information:

1. This form is to be completed and submitted to Asset Management (und.assetmanagement@und.edu) at the completion of an approved fabrication.
2. The equipment will be capitalized as of the date the equipment was placed in service, as listed by the department on the form below.

Department Name: _____

Department Number: _____

Department Contact: _____ **Phone:** _____

Fabrication Tag Number: _____

Date equipment was placed in service: _____

Total amount charged to this fabrication: _____

Building: _____ **Room Number:** _____ **Serial:** _____

All costs associated with the fabrication of this piece of equipment have been incurred and are accounted for in the total above. There have been no changes in the estimated useful life, intended purpose, or title to the equipment as originally listed on the Request for Fabrication form on file, except as noted below:

Department Administrator or Designee Signature: _____

Date: _____