

IDAHO STATE UNIVERSITY  
NOTICE OF INTENT TO FABRICATE EQUIPMENT

DEPARTMENT NAME		TELEPHONE NO.	
NAME (PRINT)	TITLE	SIGNATURE	DATE

Principle Investigator: \_\_\_\_\_

Project Sponsor (Funding Agency): \_\_\_\_\_

Contract or Grant Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Expected Project Completion Date: \_\_\_\_\_

Estimated Project Cost: \_\_\_\_\_

Location (Building and Room) where asset will be located: \_\_\_\_\_

Index: \_\_\_\_\_ Account# \_\_\_\_\_ PO# (if known at the time) \_\_\_\_\_

Previous or related Asset Number (if Applicable): \_\_\_\_\_

Description of Asset:

CPIS Use Only:

Project Tag:	
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