

Capital Equipment Fabrication Request Form

University of Wisconsin – Madison
 Accounting Services – Property Control
 Suite 6101, 21 North Park Street, Madison WI 53715-1218
Property@bussvc.wisc.edu 608-265-7830

Request Date: _____	Requesting Dept. (UDDS): _____
Building: _____	Room (final destination): _____

Equipment Type (select one)

- | | | |
|------------------------------------|-----------------------------------|--------------------------------|
| Agricultural & Farm Equipment | Data Processing Equipment | Medical Equipment |
| Agricultural & Farm Truck/ Tractor | Drafting/Surveying Equipment | Musical Instruments |
| Athletic Equipment | Food Services Equipment | Office Machines |
| Automobile | Electrical Apparatus | Photographic Equipment |
| A/V Production Equipment | Engineering Test Equipment | Police/Firefighting Equipment |
| Broadcast Transmission Equip | Furniture & Furnishings | Printing/Bookbinding Equipment |
| Cleaning Equipment | Industrial/Construction Equipment | Truck, Aircraft, Other Vehicle |
| Communications Equipment | Laboratory/Classroom Equipment | Wood Furniture |

Fabrication Name: _____
Fabrication Function: _____
Estimated Cost of Fabrication: _____
Estimated Completion Date of Fabrication: _____

Sponsor Funded?	Yes	No	Sponsor Titled?	Yes	No
Sponsor Name: _____			Project ID(s): _____		

To the best of my knowledge, this equipment fabrication will result in a unique, special purpose, stand-alone piece of equipment. The total cost of material and supplies will be \$5,000 or greater and will have a planned useful life of more than one year.

During the fabrication period, I will code fabrication costs to account code 4670. Component parts will be attached to, or internal to the completed fabrication. Direct labor will be hands-on assembly labor and traceable to the equipment (e.g. Physical Sciences Lab). Direct labor will not include expenses such as design, salaries, or personnel expense, as these would be considered part of indirect costs.

When the fabrication is completed and placed into operation, I will contact Property Control so the equipment can be recorded for capitalization as an asset in the University accounting system.

Responsible Employee Name: _____	DPA Name: _____
Responsible Employee email: _____	DPA email: _____
Responsible Employee Phone #: _____	DPA Phone #: _____

Property Control Use Only	
Fab Created Date: _____	Fab Asset ID: _____
Fab In Service Date: _____	RSP Grant Accountant: _____

Please return completed form: email: property@bussvc.wisc.edu

Inter-Department Mail:
 Attn: Property Control
 Suite 6101
 21 North Park Street
 Madison, WI 53715-1218

