

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

