



# FABRICATION OF EQUIPMENT AUTHORIZATION

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Equipment Description:

Purchase Order Number: \_\_\_\_\_

FOAP: \_\_\_\_\_

Grant/Contract Number: \_\_\_\_\_

Estimated Cost of  
Completed Equipment: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Approved: \_\_\_\_\_  
Property Manager

Email completed form to Property Management at [PropertyManagement@ttuhsc.edu](mailto:PropertyManagement@ttuhsc.edu).