

Fabricated Equipment Request Form

In accordance with MBL's Capital Equipment Management Policy (7.3 (i)-(j)) and (10.7 (i)-(j)) together.

Custodian Signature: _____ Date: _____

Center Director Signature: _____ Date: _____

FOR PROCUREMENT OFFICE ONLY

This application has been reviewed based on the criteria as outlined in the Capital Equipment Management Policy. The following determination is made:

- Approved as one unit
- Not Approved Process as individual pieces

Authorized by:

Signed: _____ Date: _____

Printed Name: _____