

THE JOHNS HOPKINS MEDICAL INSTITUTIONS

Equipment Fabrication Notification

Name of Department _____

Name of Department head or Principal Investigator _____

Location of Equipment (building/room) _____

Budget number(s) used to purchase materials and labor for the fabrication (if applicable)

Description of Equipment _____

Cost of materials and cost of labor involved (approximated, if exact price is unknown)
\$ _____

Purchase order numbers for purchases of other equipment items or materials used in the
Fabrication. _____

Anticipated Date Build will be Complete _____
[NOTE: After build is complete, Fixed Assets will coordinate tagging the equipment and it will start to depreciate. Any repairs or replacement parts will be expensed and not added to this equipment record, per JHU policy.]

Upon completion of fabrication, will this equipment be transferred from JHU? No _____ Yes _____

Originated By: _____ Date: _____

Send/Fax Completed form to:

Fixed Assets Shared Services
Johns Hopkins @ Keswick
3910 Keswick Road
South Building, 4th Floor
Baltimore, MD 21211
Fax: 443-997-5781