

Dartmouth College  
Procurement Services  
Fixed Asset / Surplus Property  
7 Lebanon Street  
Suite 313  
Hanover, NH 03755  
Phone 603-646-2149

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**Dartmouth College Statement of Intent to Fabricate an Item(s)**

The Dartmouth Intent to fabricate form is to be completed whenever items, units or builds creating equipment are assembled or manufactured by Dartmouth using purchased materials, and in-house machinery, tools, and labor. Fabricated equipment costing \$25,000 or more and having a useful life of one year or more must be accounted for as construction in progress (CIP) until completion. Fabricated equipment costing \$5,000 to \$24,999 and having a useful life of one year or more must be recorded as movable equipment. Departments are responsible for properly tracking all costs to assemble the equipment. Please refer to the Constructed and Fabricated Equipment Policy (ID: 024-0006) for information regarding both capital and non-capital fabricated equipment. Send completed section 1 of this form prior to beginning the project and section 2 of this form when project is completed including itemized list of transactions to Fixed.Assets@dartmouth.edu.

**Section 1: Contact and Project information: complete this section prior to project begin**

Name of Project: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Division: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address of PI: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Print Name: \_\_\_\_\_

Estimated Cost of Fabrication: \_\_\_\_\_ Expected Date of Completion: \_\_\_\_\_

Items(s) will be located (*building name and architectural room number*): \_\_\_\_\_

Brief description of the item(s) to be fabricated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<b>#1 Signature of PI/Faculty/Staff Member requesting accounting for Build (first signature required):</b>	<b>#2 Signature of Grant Administrator (second signature required):</b>
Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____

**#3 Signature of Appropriate Fiscal Officer (third signature required):**

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**#4 Signature of QSP Director or designate (fourth signature required if grant funded):**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Chart String / PTAE0 String**

GL String(s):					
Entity	Org	Funding	Activity	SubActivity	Natural Class
PTAEO(s):					
Project	Task	Award	Exp. Type	Org	

**Section 2: Complete this section when project finishes**

List of PO number(s) that were used in the fabrication project (send IRA GL/OGA transactions report as attachment): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CMS # (if applicable): \_\_\_\_\_

Final Equipment name (make and model, if applicable): \_\_\_\_\_

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

Serial #: \_\_\_\_\_ Custodian Name: \_\_\_\_\_

Current Location (architectural room number): \_\_\_\_\_

## **Instructions and Additional Guidance**

### Section 1: Contact Information:

**Name of Project:** Enter the current title of study/working title of intended build.

**Date:** Enter the date for when this form is being filled out.

**Department:** Enter title of school or section plus the department (Thayer, Tuck, A&S/Chemistry, A&S/Geology, Geisel/Biochemistry, etc.).

**Phone Number:** Enter the phone number which provides the best way to contact the responsible party for assistance.

**Print Name:** Type or legibly write in the name of the PI responsible for the research lab and funding. If the form is being completed by a lab manager, their name can be entered adjacent to the PI. Signature required below on form.

**Estimated Cost of Fabrication:** Provide an overall cost for the completed unit(s) which includes the purchased materials, in-house machinery, tools, labor, shipping and on-site assembly costs.

**Expected Date of Completion:** Provide the month and year you expect the unit(s) will be completed and able to be inventoried by the Fixed Asset administrator.

**Item will be located:** Provide the building name and architectural room number where the item(s) will be located once completed. In newer complexes, the architectural room number can be found in the upper right-hand corner of the door casing as you walk into a room from the hall or main part of the lab into a sub activity space.

**Brief description:** Provide a general description of proposed build and intent of use.

**Chart String/PTAEO:** Provide the Chart string(s) and/or PTAEO(s) that will fund the fabrication project.

### Section 2: Complete this section when project finishes:

**List of PO number(s):** Provide the PO numbers for purchases made as part of the fabrication project. Send the Fixed Asset/Surplus Property Administrator an excel spreadsheet of the IRA GL/OGA Transactions Report for all fabrication project transactions.

**CMS Number:** Provide the associated contract management system ID number, if applicable.

**Final equipment name:** Provide the make, model, and detailed description of fabricated equipment as well as any other pertinent information.

**Date of completion:** Provide the date fabricated equipment was complete and placed in service.

**Serial #:** If applicable, provide the serial number(s) of the fabricated equipment

**Custodian Name:** Enter the name of Faculty or staff member designated by a department/division as responsible for assets within their control. Responsibilities include assisting the Fixed Asset administrator in identifying and tagging new equipment, communicating changes in equipment location, coordinating equipment sales, transfers or disposals using appropriate forms and assisting in a periodic inventory of all moveable equipment.

**Current Location:** Provide the building name and room number where the item(s) are housed.