A Fabricated Equipment Establishment Form will need to be completed when purchasing capitalized equipment in multiple components and assembling in-house with UK Staff.

**Section 1**

- **Project Title** - Name the project that is to be completed. If the project has a scope of $200,000 or more, it requires Legislative authority. When this occurs, the title of the project should exactly match what was presented to the Legislature in the budget bill or the Biennium Budget.
  - Example: Assemble water distribution system

- **Business Area** - An organizational unit that requires audited financial statements for external use. Often this corresponds to a separate operational or responsibility area in the organization. Enter the Business Area or select from the drop down menu if business area is unknown.
  - Example: 0101 (UK only-without component units)

- **Department Number** - Enter the 5-digit department number designating the academic or support unit.
  - Example: 75210

- **Responsible Person Name** - Enter the name of the Budget Officer with responsibility for the department in which the project will be created.

- **Requesting Cost Center** - This is derived from the area performing the work. Other Vendors – use cost center that is funding the project

- **Responsible Cost Center** – Enter the 10 digit departmental default 141 . . . cost center.
  - Example: 1412105800

- **Functional Area** - Four digit code used in FI to define the academic or support programs represented by this cost/funds center. Enter the assigned functional area from the drop down menu.
  - Note: Functional Area is always going to be 1060-Other.

- **Location Building Name** - This is the name of the building in which the project will be done. If this is a new building please provide proposed site location.
  - Example: Corner of Limestone and Avenue of Champions

- **Building Number** - This is the number of the building in which the project will be done. Building numbers can be obtained from the Physical Plant Division. If the project is a new building this question should be left blank.
• **Room Number** – This is the room number(s) in which the project will be done.

• **Equipment to be fabricated** - Describe the equipment to be assembled in this project. **Do not** use this section to describe why the project is needed. Describe what the project is in terms of type, purpose, etc.

• **Expected Completion Date** - The month and year that the requestor expects the project to be completed.

  ➢ Example August 2014

• **Project Justification** - Give a brief summary supporting why the capital project is needed. This should include, but is not limited to, the following: a tie-in with the University's Strategic Plan or other stated institutional goals; if applicable or available, how the project fits into the University's Physical Development Plan and a proposed site; a summary of any benchmark study (include the benchmarks studied, the author(s) of the study and how the findings of that study support this project); any program growth, change, etc. that supports this project; and any other pertinent information.

**Section 2**

• **Estimate/Funding** – Enter the estimate amount/scope and the amount funded in the line that corresponds with the facility that is performing the work.

• **Approval Signatures** - Obtain the necessary approval signatures as follows:

  1. Signature of the Dean/Unit Head
  2. Signature of Department Head
  3. Signature of Sr. Vice President/Provost
     • Based on department number for the Sr. Vice President/Provost
       • Departments beginning with 1, 3, or 9 – Anthony Russell or Roxanne McLetchie
       • Departments beginning with 4 – Judy Duncan
       • Departments beginning with 7 or 8 – Angel Reed/Gus Miller
       • Departments beginning with H or M – Teresa Centers
       • Other signatures acceptable include Mary Vosevich, Angie Martin, Eric Monday
Section 3

Only fields identified with * should be completed by the department.

- **Project Definition** – Established by General Accounting or CPMD

- **WBS Element Number** – Established by General Accounting or CPMD

- **Project Name** - Same as project title completed in Section 1.
  - Example: Assemble water distribution system

- **Responsible Person Name** – Same as Responsible Person Name completed in Section 1. Enter the name of the Budget Officer with responsibility for the department in which the project will be created.

- **Responsible Cost Center** – Same as Responsible Cost Center completed in Section 1.

- **Requesting Cost Center** – Same as Requesting Cost Center completed in Section 1.
  - Example: 1412105800

- **Start Date** - Please provide expected project start date.

- **Finish Date** - Same as completion date completed in Section 1.

- **Business Area** – Same as business area completed in Section 1.
  - Example: 0101 (UK only-without component units)

- **Functional Area** – Same as functional area completed in Section 1.

- **Legislative Authority** – If project is over $200,000 must have legislative authority from the state. If in the biennium budget, enter the year (example GA 2012-2014), if not then enter the biennium tracking number assigned.

- **Legislative Authority Date** - If legislative authority is required input the date legislative approval was granted, or CPBOC meeting date at which project was approved.

- **Board Date** – Board of Trustees meeting at which Biennium Budget or interim project approval was granted.

- **Purpose** - Please use the dropdown menu to select the project classification.

- **Source Code** – Established by General Accounting.

- **Discipline** – Established by General Accounting.

- **Department** – Same as Department Number completed in Section 1.
- **Project Status** - Based on completion status of project. Choose from drop down list. 08 should be selected.

- **Construction In Progress** – Established by General Accounting.

- **IP Fund Number** – Established by General Accounting.

- **Building Number** – Same as the Building Number completed in Section 1.

- **Project Fund Number** – Established by General Accounting.

- **Mission Supported** – Based on purpose and function of area/building that work is being performed. Choose from drop down list.
  - Example: 1400 Hospital & Clinic

Include all estimates of equipment to be fabricated. Include a one-sided JV for funding. Send to General Accounting. Please remember that all costs included in the capitalization of the equipment should be charged to GL 550090. Please contact General Accounting if you need assistance.