

## FABRICATION EXPENDITURE QUESTIONNAIRE

PURPOSE: To ensure compliance with The Pennsylvania State University (PSU) requirements for fabrications.  
Refer to Procedure [CR2020 Property Fabrication](#) prior to completing this form.

### FABRICATION CHARACTERISTICS

**Name of Fabrication:** \_\_\_\_\_

**Functionality/Purpose of the Fabrication:** \_\_\_\_\_

**Estimated date the Fabrication will be placed in service:** \_\_\_\_\_

**What is the Cost Object assigned to the Project funding this Fabrication?**

Work Breakdown Structure Element (WBSE) - ARL Use Only: \_\_\_\_\_

Internal Order (IO) (Type #12 or #50): \_\_\_\_\_

If Fabrication requires cost-share tracking, enter the 52 IO #: \_\_\_\_\_

SIMBA Grant # (ex. 123456): \_\_\_\_\_

#### Identify the Fabrication Expenditures for the completed Fabrication

Detail of Items needed for the Fabrication (be specific)	Estimated Cost
<b>Estimated Cost Per Unit</b>	
<b>Quantity of Units</b>	
<b>Estimated Total Cost</b>	

If insufficient rows available in this table, omit usage and substitute a spreadsheet detailing the complete fabrication costs using the same format. Spreadsheet should be submitted along with this document.

**Is the FEQ a continuation of a previously approved FEQ?**  
If yes, what cost collector # (WBSE or #37 IO) was assigned to the previously approved FEQ(s)?

**Will this Fabrication be funded by a Sponsored Project, PSU Internal Project, or both?**

**Is this Fabrication a Contractual Deliverable?**

**Useful Life of this Fabrication** - Is the Fabrication expected to be consumed, expended, or destroyed within one (1) year after completion, with supporting agreement language documented in the grant/contract with the sponsor?.

**If yes - please provide explanation:**

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Based upon discussions with the Sponsor or as defined by the solicitation, is the Title (ownership) for this Fabrication expected to be Sponsor or PSU? Attach evidence of sponsor recommendations to title ownership.

**Is this Fabrication an Upgrade to an Existing Item?**

If yes, provide information about the item to be updated:

Property Inventory Tag #: \_\_\_\_\_

Previous Fabrication CCO Number: \_\_\_\_\_

Account Number Charged When First Acquired: \_\_\_\_\_

Location (if tag number unknown): \_\_\_\_\_

Initiator Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Date Final Reports Submitted and Grant/Contract Closed: \_\_\_\_\_

**CENTRAL OFFICE USE ONLY:**

Ownership Title: \_\_\_\_\_

Material and Fabrication Classification (Expense Categorization of Fabrication): \_\_\_\_\_

Fabrication Internal Order (IO Type = 37 and/or 52) \_\_\_\_\_

OSP number \_\_\_\_\_

Fabrication CCO Number: \_\_\_\_\_

Grant Number: \_\_\_\_\_

**APPROVALS:**

Research Administration or Financial Officer (or delegate): \_\_\_\_\_ Date \_\_\_\_\_

Principal Investigator (or delegate): \_\_\_\_\_ Date \_\_\_\_\_

Department Head/Institute Director: \_\_\_\_\_ Date \_\_\_\_\_

Property Inventory (Required Post-award): \_\_\_\_\_ Date \_\_\_\_\_