

UNIVERSITY OF CAPITAL ASSETS MANAGEMENT

ADDITIONS REQUEST FORM

Send Completed Form To:
Capital Assets Management Office
6th Floor Jefferson Building
cam@uiowa.edu

Department Name: _____

_____ Department Number Dept Contact (please print) Contact Campus Address

For multiple additions, please attach a listing providing the requested information:

1

UI Tag #	Code*	Description				Serial #	Model #	
FUND	ORG	DEPT - SDEPT	GRNT/PROG	OACT	DACT	FN	CCTR	Amount
Location (Bldg. & Room) enter in space above				Custodian (Person Responsible) enter in space above				

2

UI Tag #	Code*	Description				Serial #	Model #	
FUND	ORG	DEPT - SDEPT	GRNT/PROG	OACT	DACT	FN	CCTR	Amount
Location (Bldg. & Room) enter in space above				Custodian (Person Responsible) enter in space above				

Requires two original signatures:

Department Contact Signature _____	Date _____	Campus Phone _____
Departmental Executive Officer Signature _____	DEO Printed Name _____	Date _____ Campus Phone _____

***ADDITIONS CODES:**

1. Equipment found in department during equipment inventory audit.
2. Equipment brought to campus by new faculty member (attach documentation).
3. Equipment is a "gift" from Corporate or Individual donor(s) (attach documentation).
4. Equipment received from Government Agencies (DO NOT USE THIS FORM, please use Statement of Government-Owned Equipment Status located at: <http://www.uiowa.edu/~fusprop/forms/index.html>).
5. Other (please specify): _____

Capital Assets Management Office Use Only:

Date Entered	_____
Completed By	_____
File Number	_____