

UNIVERSITY OF CAPITAL ASSETS MANAGEMENT INTERNAL TRANSFER OF UNIVERSITY EQUIPMENT

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

UI Tag #	CAM use Only	Description	Effective Date	Serial No.

Reason for Transfer:

Requires 2 DEO Approvals – See Sections A & B:

Section A – Transfer-Out Information & Approval:

Dept-Subdept #	Department Contact (please print)	Campus Phone
Departmental Executive Office Signature	DEO Printed Name	Date
		Campus Phone

Section B – Transfer-In Information & Approval:

Department Contact (please print)	Contact Campus Address	Contact Campus Phone
New Location (Bldg & Room)	Custodian (please print)	Custodian Campus Phone
<u>New Department MFK:</u>		
(required)	FUND	ORG
DEPT	SUBDEPT	GRANT
OACT	DACT	FN CCTR
Departmental Executive Office Signature	DEO Printed Name	Date
		Campus Phone

Capital Assets Management Office Use Only:

Date Entered: _____

Completed By: _____

File Number: _____