

UNIVERSITY OF IOWA CAPITAL ASSETS MANAGEMENT

TITLE TRANSFER OF UNIVERSITY EQUIPMENT

Send Completed Form To:
Capital Assets Management Office
6th Floor Jefferson Building

Department Name: _____

Department # _____ Department Contact (please print) _____ Contact Campus Address _____

UI Tag #	CAM Use Only	Description	Effective Date	Serial No.	Model No.

Reason for Transfer: _____

Departing Faculty Member Taking Equipment:

Title _____ Name (please print) _____

Acknowledgement Contact at Receiving Institution:

Name & Title _____	Institution & Address: (Required) _____
Department _____	_____
Phone # _____	_____

Requires two original signatures:

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

Capital Assets Management Office Use Only:

	Federal Equipment? _____
	Date Entered _____
	Completed By: _____
	File Number: _____