

THE UNIVERSITY OF IOWA
Statement of Federally-titled Equipment Status
 As of _____
 (Date)

ASSET INFORMATION

UI Tag # _____ Serial # _____ Model # _____

FUND	ORG	DEPT - SDEPT	GRNT/PROG	OACT	DACT	FN	CCTR	Amount

Description _____

Custodian _____ Location _____

Gov't Tag # _____ Federal Agency Name _____
 Attached: Yes No Tag Attached: Yes No

CURRENT STATUS

Currently in Use in Building _____ Room _____

FEDERAL ASSET CONDITION:

<input type="checkbox"/> Used – Good (UGD)	<input type="checkbox"/> Unused – Good (UUG)	<input type="checkbox"/> Repairs required – Good (RRG)
<input type="checkbox"/> Used – Fair (UFR)	<input type="checkbox"/> Unused – Fair (UUF)	<input type="checkbox"/> Repairs required – Fair (RRF)
<input type="checkbox"/> Used – Poor (UPR)	<input type="checkbox"/> Unused – Poor (UUP)	<input type="checkbox"/> Repairs required – Poor (RRP)
<input type="checkbox"/> Salvage (SLV)		<input type="checkbox"/> Scrap (SCR)

Request For Disposition

Departmental Disposition Requested: (Date) _____

Grant Accounting Disposition Requested: (Date) _____

Transfer Between Contract Accountability

Contract Transfer of Title: **From (G/Prog MFK Only)** _____
To (G/Prog MFK Only) _____

Off Campus Location _____

_____ Agency Site (Attach/file 1149 shipping document) _____ Home (Notification Memo)

CERTIFICATION / APPROVAL

Custodian _____ (Name) _____ (Phone Number)

Department _____ (Approval Signature) _____ (Date)

Grant Accounting Office _____ (Approval Signature) _____ (Date)

Capital Assets Management Office _____ (Approval Signature) _____ (Date)

PURPOSE

This form is to be completed by departments to document any of the following which may occur between annual federal audits:

- ❖ Add a new Federal asset
- ❖ Change location information
- ❖ Change in asset condition
- ❖ Request for disposition
- ❖ Transfer of the asset between contract accountability

NOTE

NO FEDERALLY-TITLED EQUIPMENT MAY BE DISPOSED OF OR TRANSFERRED PRIOR TO AUTHORIZATION FROM GRANT ACCOUNTING.

PROCESS

Complete this form by providing all the identification assigned to the asset:

1. UI Tag number (if one has been assigned)
2. Grant/Program number (portion of the MFK used to record "ownership")
3. Serial Number
4. Asset description
5. Custodian (as assigned by your department)
6. Location (Building and Room#)
7. Government Tag Number
8. Government Property Tag (indicate if attached to asset or not)
9. Section of form applicable to your needed action.

QUESTIONS

Questions regarding the proper use of condition codes and federal equipment forms should be directed to Grant Accounting Office 335-0080.

Questions regarding currently recorded status of equipment should be directed to the Capital Assets Management Office at CAM@uiowa.edu

ROUTING OF COMPLETED FORM

Departments must submit this form to the Capital Assets Management Office, 6th floor Jefferson Bldg.