

UNIVERSITY OF IOWA CAPITAL ASSETS MANAGEMENT

DEDUCTIONS REQUEST FORM

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

Department Name: _____			
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Department # _____</td> <td style="width: 50%; border: none;">Department Contact (please print) _____</td> <td style="width: 25%; border: none;">Contact Campus Address _____</td> </tr> </table>	Department # _____	Department Contact (please print) _____	Contact Campus Address _____
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UI Tag #	CAM use only	Deduction Code ** Required	Description	Serial No.

** - See Deduction Codes below

Requires two original signatures:

_____	_____	_____
Department Contact Signature	Date	Campus Phone

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

**** DEDUCTION CODES:**

1. Equipment discarded or used for parts (including sent to landfill by FM Requisition).
2. Equipment has been stolen. **(Attach Department of Public Safety Investigation Report.)**
3. Equipment not found during the last departmental audit. **(Identify procedures used in trying to locate the missing items.)**
4. Other _____

Capital Assets Management Office Use Only:

	Date Entered: _____
	Completed By _____
	File Number: _____