

UNIVERSITY OF IOWA CAPITAL ASSETS MANAGEMENT OFF-CAMPUS USE OF UNIVERSITY EQUIPMENT

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

Department Name: _____

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

UI Tag #	CAM Use Only	Description	Serial No.	Projected Return Date.

Off-Campus Information:

Complete Address: _____

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:

	For Inventory Audit: _____
	Date Entered: _____
	Completed By: _____
	File Number: _____