

**THE UNIVERSITY OF IOWA**  
**Statement of Government-Owned Equipment Status**  
**As of \_\_\_\_\_**  
 (Date)

**Asset Information**

UI Tag # \_\_\_\_\_ Serial # \_\_\_\_\_ Model # \_\_\_\_\_  
 (if available)

Description \* \_\_\_\_\_

Needs Agency Property ID Tag: Value: \$ \_\_\_\_\_  
 Yes  No

Custodian \_\_\_\_\_ Building \_\_\_\_\_ Room #: \_\_\_\_\_

Off Campus Location \_\_\_\_\_ Expected Return Date: \_\_\_\_\_

MFK \_\_\_\_\_  
FUND ORG DEPT SUBDEPT GRANT/PROGRAM TACT OACCT DACCT FUNC CCTR

**Federal Condition Code**

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) \_\_\_\_\_

Asset Stolen: Yes  Date Security Report filed: \_\_\_\_\_

Returned to: \_\_\_\_\_ Shipper Date : \_\_\_\_\_  
Location or Agency Attach copy of shipper

**Transfer Between Contract Accountability**

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

**Other Information**

\_\_\_\_\_

**Approval**

**Principal Investigator** \_\_\_\_\_  
 (Signature) (Printed Name) (Phone Number)

**Departmental Executive Officer** \_\_\_\_\_  
 (Approval Signature) (Printed Name) (Date)