

UNIVERSITY OF IOWA PROPERTY MANAGEMENT

ADDITIONS REQUEST FORM

Send Completed Form To:
Property Management Office
626 Jefferson Building

Department Name: _____

_____ Department Number _____ Dept Contact (please print) _____ Contact Campus Address

For multiple additions, please attach a listing providing the requested information:

1

UI Tag #	Code*	Description				Serial #	Model #		
FUND	ORG	DEPT - SDEPT	GRNT/PROG	OACT	DACT	FN	CCTR	Amount	
Location (Bldg. & Room)					Custodian (Person Responsible)				

2

UI Tag #	Code*	Description				Serial #	Model #		
FUND	ORG	DEPT - SDEPT	GRNT/PROG	OACT	DACT	FN	CCTR	Amount	
Location (Bldg. & Room)					Custodian (Person Responsible)				

Requires two original signatures:

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

***ADDITIONS CODES:**

1. Equipment found in department during equipment inventory audit.
2. Equipment brought to campus by new faculty member (attach documentation).
3. Equipment is a "gift" from Corporate or Individual donor(s) (attach documentation).
4. Equipment received from Government Agencies (attach documentation).
5. Other (please specify): _____

Property Management Office Use Only:

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