RESET FORM

UNIVERSITY OF IOWA PROPERTY MANAGEMENT
DEDUCTIONS REQUEST FORM

Send Completed Form To:
Property Management Office
626 Jefferson Building

Department Name: _____

Department #	Department Contact (please print)	Contact Campus Address

UI Tag #	PMO*	Deduction Code **	Description	Serial No.

*-PMO Use Only
**-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_____

_____

_____

Property Management Office Use Only:

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

Rev 4-2-09