RESET FORM

UNIVERSITY OF IOWA PROPERTY MANAGEMENT
OFF-CAMPUS USE OF UNIVERSITY EQUIPMENT

Send Completed Form To:
Property Management Office
626 Jefferson Building

Department Name: _____

Department #	Department Contact (please print)	Contact Campus Address

UI Tag #	PMO*	Description	Serial No.	Projected Return Date.

*-PMO Use Only

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**

Property Management Office Use Only:

For Inventory Audit: _____

Date Entered: _____

Completed By: _____

File Number: _____

Rev 4-3-09