

UNIVERSITY OF IOWA PROPERTY MANAGEMENT

TITLE TRANSFER 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	Effective Date	Serial No.	Model No.

Rationale for Transfer: _____

*-PMO Use Only

Departing Faculty Member:

Title _____

Name (please print) _____

Acknowledgement Contact at Receiving Institution:

Name & Title _____

Institution & Address: _____

Department _____

Phone # _____

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:

Date Entered: _____

Completed By: _____

Federal Equip? _____

File Number: _____