INVENTORY VERIFICATION REPORT

TO OSU ASSET MANAGEMENT:

FOR:

(CUSTODIAN NAME, CUSTODIAN NUMBER, ORGANIZATION CODE)

A physical count of the inventory of moveable equipment as of ______was completed on

I certify that after the changes, if any, as substantiated by the attached Change Request Forms, all equipment is accounted for and that there is no equipment on hand that has not been inventoried by this department and each piece of equipment is assigned to a correct building code. <u>Failure to provide building codes will result in return of verification to department as incomplete</u>.

Total Fixed Asset Value per	_Detailed List \$
(DATE)	
*Value of Equipment to be added:	+\$
*Value of Equipment to be deducted:	-\$()
Total Count & Value-Adjusted Fixed Asset I	nventory: \$

*Completed Fixed Asset Change Request Forms must be submitted to Asset Management for any inventory additions or deductions.

BE SURE TO NOTE ANY AND ALL CHANGES TO YOUR DEPARTMENTAL INVENTORY ON THE LIST RETRIEVED FROM *EPRINT* FOR VERIFICATION. RETURN ONE (1) COPY OF CORRECTED LIST TO PROPERTY MANAGEMENT FOR CORRECTION AND KEEP ONE (1) CORRECTED LIST FOR CROSS-CHECKING CORRECTIONS MADE.

DEPARTMENTAL INVENTORY CONTACT PERSONNEL								
Name – Departmental Inventory Personnel					Title			
Campus Address					Telephone Extension			
Verified by (Signature Required)				Date				
Department Head (Signature Required)				Date				
Dean / VP (or Authorized Representative) (Signature Required)					Date			
This Section for Property Management Use Only:								
	Transaction #	Date	Transaction #	Date	Transaction #	Date		