

Certification of Departmental Physical Inventory

Fiscal Year _____

UH ____ UHCL ____ UHD ____ UHV ____

In accordance with the State of Texas Asset Management Policy, I hereby certify that a physical inventory was conducted for all trust, capitalized and controlled personal property maintained in the Asset Management System and in the possession of:

Department Name:

Dept. ID:

Date(s) Physical Inventory was (were)

From _____ To _____

Method used to conduct inventory:

Bar-Code Scanner Method

Contact Person(s) Responsible for conducting the Inventory:

Name:

EMPL ID: _____ Phone #: _____

Name:

EMPL ID: _____ Phone #: _____

Name:

EMPL ID: _____ Phone #: _____

Name:

EMPL ID: _____ Phone #: _____

I hereby certify that changes needed for all trust, capitalized and controlled personal property, as a result of physical inventory is accurately reported on the departmental inventory sheet.

**Department
Property
Custodian:**

Name Signature Date

**Department
Head:**

Name Signature Date

**College/Division
Business Administrator:**

Name Signature Date

Acknowledged by Property Management:

Name Signature Date