

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. Failure to provide building codes will result in return of verification to department as incomplete.

Total Fixed Asset Value per _____ Detailed List \$ _____
(DATE)

*Value of Equipment to be added: +\$ _____

*Value of Transferred Assets: -\$ _____

*Value of Previously Surplused Equipment: -\$ _____

*Value of Lost Equipment: -\$ _____

Total Count & Value-Adjusted Fixed Asset Inventory: \$ _____

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

***Value of Equipment Surplused Since Inventory Request Date:** -\$ _____

(Do not include deduction in the "Total Count & Value line)

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 *(Signature Required)* Date
(or Authorized Representative)