



OFFICE OF  
FINANCIAL  
SERVICES

**ANNUAL INVENTORY  
CERTIFICATION SHEET**

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I certify to the best of my knowledge that this report is a true and accurate listing of property assigned to this department. I accept responsibility for the safeguarding of each item.

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

I assign the following individual to serve as equipment manager for our department regarding inventory matters.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address

If you have any questions or need assistance with this form, please contact  
Financial Services at 501.916.3318