



I certify to the best of my knowledge that this report is a true and accurate listing of property assigned to this organization. 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