

## **Certification of Departmental Annual Physical Inventory**

Used to certify completion of the department inventory annually

Business Unit: UTSA1

that the Annual Physical Inventory (API) for Fiscal Year FY

**Instructions:** Obtain the appropriate departmental signatures and attach Pre-Inventory Listing and Inventory Custody Report(s) with all signatures. Provide any other inventory forms and supporting documentation related to any discrepancies noted during barcode scanning and retain copies of all documentation for your departmental records.

TO THE UTSA PROPERTY MANAGER

Department, as completed, and the equipment as shown on our departmental listing is correct and in good condition, EXCEPT as indicated on the Pre- Inventory Listing. I further certify that this document and all attachments were prepared under my direction and supervision in Accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. This information is true, accurate, and complete to the best of my knowledge and belief,

Agency Number: 743

for the

based on my inquiry of the person or persons direct	ly responsible for gathering the information	າ.	
Responsible Parties of Department	Signature	Phone Ext.	Date
1. Department Manager Name:			
2 November 1997			
2. Name of Inventory Contact Person (ICP):			
<b>Submission Instructions:</b> Once signature approvals are ol	otained forward the form and other required doc	cumentation to inventory.department@utsa.	edu with subject title:
"Certification" with your department's DeptID.			
	INVENTORY DEPARTMENT U	SE ONLY	
Responsible Parties of Inventory Use Only	Signature	Date	Status
Reconciled By:			
Internal Reviewer:			
Inventory Manager Verification:			

Dept ID:

I hereby certify on