

UTSA Financial Affairs

INVENTORY CONTACT PERSON (ICP) APPOINTMENT FORM

This form is used to designate a Primary (and Alternate) Inventory Contact Person (ICP) for respective UTSA administrative departments, units, centers, etc. The form is completed annually prior to the start of a new fiscal year and is also used to communicate mid-year updates of ICPs.

The Inventory Contact Persons (ICP) are appointed annually by the department manager. Their responsibilities include, not limited to: property/equipment transfers, removal of equipment off-campus/forms, completing the annual physical inventory, data entry for custodian/location changes for controlled/capital property, maintaining inventory paperwork, and assisting in equipment audits/reviews for their respective departments.

Instructions: (This form must be TYPED)

1. Complete and obtain the appropriate departmental signatures.
2. Email to inventory.department@utsa.edu; and use SUBJ: ICP Appointment and Dept ID.
3. Ensure a copy of this appointment form is provided to the Primary and Alternate ICPs to retain with departmental inventory records. The Inventory Department staff will contact each ICP to schedule required ICP Training.

Fiscal Year:					
DEPARTMENT DETAILS					
Name:					
VP Area (i.e. VPAA, VPBA, VPSA, etc.):				Office Location:	
Department ID's					
PRIMARY ICP FOR THE DEPARTMENT					
1. Name:		Signature:		Employee ID:	
Title:	Email:	Office Location:		Ext:	
Please check the box that applies to appointees training requirement:					
New ICP Training (AM675) – ICP has never attended the mandatory AM 675 Inventory Training					
Refresher ICP Training (AM676) – Has Completed AM 675 Inventory Training					
ALTERNATE ICP (Highly Recommended)					
2. Name:		Signature:		Employee ID:	
Title:	Email:	Office Location:		Ext:	
Please check the box that applies to appointees training requirement:					
New ICP Training (AM675) – Has never attended the mandatory AM 675 Inventory Training					
Refresher ICP Training (AM676) – Has Completed AM 675 Inventory Training					
AUTHORIZED DEPARTMENTAL OFFICIAL FOR THE ANNUAL PHYSICAL INVENTORY CERTIFICATIONS					
3. Department Manager:		Signature:		Date:	
Email:					
Title:	Office Location:			Ext:	

Once approvals and signatures are obtained from 1, 2 and 3, forward the original to: **Inventory Department**