PROPERTY DEPARTMENT RECEIVED ___________

Revised 10-17-12

PROPERTY OFFICE USE ONY
LOCATION _____________
DEPT HEAD/CUSTODIAN _________
CONDITION ____________

SAM HOUSTON STATE UNIVERSITY

ANNUAL INVENTORY REPORT

DEPARTMENT _________________________________ ORGANIZATION # __________________

____ DEPARTMENT DIRECTOR'S SIGNATURE (REQUIRED)

____ INVENTORY CONDUCTOR SIGNATURE (REQUIRED)

____ PRINTED NAME OF DEPT. DIRECTOR/CUSTODIAN

____ PRINTED NAME OF INVENTORY CONDUCTOR

THE DIRECTOR/CUSTODIAN AND INVENTORY CONDUCTOR CANNOT BE THE SAME PERSON, TO ENSURE SEGREGATION OF DUTIES.

TO THE STATE AUDITOR AUSTIN, TEXAS
THIS CERTIFIES THAT A PHYSICAL INVENTORY COUNT OF PROPERTIES IN THIS DEPARTENT WAS MADE ON ________________________ WITH THE FOLLOWING RESULTS:

CHECK HERE IF NO CHANGE TO YOUR INVENTORY IS REQUIRED: _____________

INVENTORY #	ITEM DESCRIPTION	VALUE	REASON FOR CORRECTION: TRANSFERRED, MISSING/STOLEN