The University of Texas at Austin
Physical Inventory Certification Form
Fiscal Year 2011-12

Department Name: _____

Unit Code(s): _____

Physical Inventory Completion Date: _____

The provisions of the 52nd Legislature, Regular Session 1951, House Bill Number 753, Section 5 (3), require state organizations to take a complete physical inventory of all equipment in their possession once each year.

The individuals below certify that a thorough PHYSICAL INVENTORY CHECK of **all equipment, regardless of depreciated value**, of the above named department and unit and all of its subunits, has been completed. We further certify:

1.	☐ Yes	☐ No*	Attached departmental inventory listing is correct
2.	☐ Yes	☐ No*	Attached departmental inventory listing is complete (i.e., there are no items in the possession of the department that are not included on the listing). Inventory Services has been notified regarding any unlisted items.
3.	☐ Yes	☐ No*	All inventory is still needed and actively being used
4.	☐ Yes	☐ No*	All inventory is being properly maintained
5.	☐ Yes	☐ No*	All items that need to be removed from the inventory system are notated on the report and removal requests have been submitted to Inventory Services for processing
6.	☐ Yes	☐ No*	All items not located on campus have been verified and appropriate checkout logs maintained
7.	☐ Yes	☐ No*	All fabricated items appear on the inventory listing. If not, Inventory Services has been notified regarding unlisted items
8.	☐ Yes	☐ No*	All CIP source code "Construction In Progress" items with class code 090 should be marked **found** on your certification and the Inventory Federal team will be researching the item for project completion
9.	☐ Yes	☐ No*	The ownership code on all items has been verified as correct and the condition of all items has been reviewed and updated as appropriate
10.	☐ Yes	☐ No*	All items were inventoried by a non-custodian of the inventory, I.e. the inventory contact and not the Principle Investigator

*** Attach a written explanation for any items marked "No"**

Inventory Summary:

A. Total number of items for all units/subunits included in this certification _____

B. Total number of items found for all units/subunits included in this certification _____

C. Percentage of found items for all units/subunits (B divided by A)X 100 _____ %

D. Depreciated total value of items for all units/subunits included in this certification $ _____

E. Depreciated value of unfound items for all units/subunits in this fiscal year $ _____

F. Percentage of the unfound items for all units/subunits in this fiscal year (E divided by D)X 100 _____ %

Printed Name: Inventory Contact _____ Signature: Inventory Contact _____ Date _____

Printed Name: Department Head _____ Signature: Department Head _____ Date _____