



**The University of Texas at Austin
Physical Inventory Certification Form
Fiscal Year 2008-09**

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)
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 noted 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 fabrication items appear on the inventory listing. If not, Inventory Services has been notified regarding unlisted items.
8. 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
9. 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) | _____ % |
| 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) | _____ % |

Printed Name: Inventory Contact

Signature: Inventory Contact Date

Printed Name: Department Head

Signature: Department Head Date