

**Asset Management
Certification of Departmental Physical Inventory
Fiscal Year _____**

In accordance with the State of Texas Asset Management Policy, I hereby certify that a physical inventory was conducted for all trust, capitalized and controlled personal property maintained in the Asset Management System and in the possession of:

Department Name:	Dept ID:
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Date(s) Physical Inventory was (were) conducted: From: _____ To: _____	Method used to conduct inventory:
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Contact Person(s) Responsible for conducting the Inventory

Name: Telephone:	Name: Telephone:
Name: Telephone:	Name: Telephone:
Name: Telephone:	Name: Telephone:
Name: Telephone:	Name: Telephone:

I hereby certify that changes needed for all trust, capitalized and controlled personal property, as a result of physical inventory is accurately reported on the departmental inventory sheet. I understand that I assume financial responsibility for loss or damage to this (these) item(s) if the loss or damage results from my negligence, intentional act or failure to exercise reasonable care, safeguard, maintain and service it (them). (Texas Government Code 403.275)

	Name	Signature	Date
Property Custodian:			
Department Head:			
Business Administrator:			