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| --- | --- |
| **Name of Department** | Department/Sub Department Code |

|  |
| --- |
| **Departmental Property Contact Responsible for Conducting the Inventory:** |
| **Name**  | **Phone Number**  |

In accordance with The Texas A&M University System policies and procedures, I hereby certify that a complete physical inventory was conducted for all capitalized and controlled property in the possession of the above listed department and that the information is true and correct. I acknowledge that the results of the physical inventory will be maintained on file and that the Texas A&M Forest Service Property Manager will be notified of any discrepancies during the physical inventory as required by The Texas A&M University System policies and procedures. All discrepancies are listed below or on the attached page(s).

**All items on the equipment inventory listing are present and accounted for EXCEPT for the following items:**

| **Inventory #** | **Description** | **Value** | **Explanation** | **Official Use Only** |
| --- | --- | --- | --- | --- |
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**NOTE: Only the Accountable Property Officer is authorized to sign this form. No designees will be accepted.**

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**Accountable Property Officer – Print Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accountable Property Officer - Signature Date**