# *CERTIFICATION of ANNUAL INVENTORY*

## Texas A&M Health Science Center Property Management

As Accountable Property Officer (APO) or Alternate (Alt APO) of the following department, I hereby certify that a complete physical inventory was conducted for all HSC inventoried personal property assigned to this department. All items are accounted for, except as noted in the 'Exceptions' section below. The asset information is correct or changes have been made. All asset numbers are properly affixed and inventory items are clearly identifiable as "Property of TAMUS-HSC".

| FAMIS Dept Code | Department Name | Signature of Department Head or Alt APO | Date |
|---|---|---|---|
| | | | |

Certification of Physical Inventory of Property as of:

_____

Date

Names of persons who actually conducted the inventory:

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**Exceptions:** Give complete details of all exceptions. Exceptions are defined as any asset not located or additional inventoried property in the possession of the department at the time of the certification. Attach the appropriate documentation for each exception.

| Asset # | Description | Asset Value | Explanation |
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Comments:_____

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