

INVENTORY RECEIPT

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

Name of Department

\_\_\_\_\_  
Account Number

TO: Property Administration

REF: Verification of Annual Equipment Inventory

This is to certify that the department named above has received the Annual Equipment Inventory listing property in its custody.

\_\_\_\_\_  
Account Manager  
(Please Print)\_\_\_\_\_  
Signature\_\_\_\_\_  
Director/Program Head  
(Please Print)\_\_\_\_\_  
Signature

Note: The original of this form must be returned to Property Administration (SB14) along with the original copy of the completed inventory.