INVENTORY VERIFICATION REPORT

TO OSU ASSET MANAGEMENT:

FOR: University Accounting 1086003 100419
(CUSTODIAN NAME, CUSTODIAN NUMBER, ORGANIZATION CODE)

A physical count of the inventory of moveable equipment was completed on 05/12/2026.

I certify that after the changes, if any, as substantiated by the attached Change Request Forms, all equipment is accounted for and that there is no equipment on hand that has not been inventoried by this department and each piece of equipment is assigned to a correct building code. Failure to provide building codes will result in return of verification to department as incomplete.

Total Fixed Asset Value per 03/31/2026 (DATE) Detailed List $ 5,455.70

*Value of Equipment to be added: +$ 6,965.99

*Value of Transferred Assets: -$

*Value of Previously Surplused Equipment: -$

*Value of Lost Equipment: -$

Total Count & Value-Adjusted Fixed Asset Inventory: **$** 12,421.69

**Completed Fixed Asset Change Request Forms must be submitted to Asset Management for any inventory additions or deductions.*

***Value of Equipment Surplused Since Inventory Request Date: -$**
(Do not include deduction in the "Total Count & Value line)

BE SURE TO NOTE ANY AND ALL CHANGES TO YOUR DEPARTMENTAL INVENTORY ON THE LIST RETRIEVED FROM ***EPRINT*** FOR VERIFICATION. RETURN ONE (1) COPY OF CORRECTED LIST TO PROPERTY MANAGEMENT FOR CORRECTION AND KEEP ONE (1) CORRECTED LIST FOR CROSS-CHECKING CORRECTIONS MADE.

DEPARTMENTAL INVENTORY CONTACT PERSONNEL

Beka Welch	Sr Financial Asst
Name – Departmental Inventory Personnel	Title
304 Whitehurst	744-7583
Campus Address	Telephone Extension

Beka Welch  05/12/2026

Verified by ***(Signature Required)*** **Date**

Required

Department Head ***(Signature Required)*** **Date**

Required

Dean / VP ***(Signature Required)*** **Date**
(or Authorized Representative)