CERTIFICATION OF

SPACE AND MOVEABLE EQUIPMENT

INVENTORY

I certify that to the best of my knowledge and belief, the space and moveable equipment inventory results conducted for this fiscal year was in accordance with the University of Vermont's prescribed instructions and represents the department's:

1) **Actual space being used**

2) **Functional use and occupants of the space**

3) **<u>Location</u> and <u>condition</u> of any moveable equipment purchased over $5,000**

4) **Movable equipment which does not have any operational value for your department/unit but would be available for other University departments to use.**

List the Department Codes Inventoried: _____

Department Name Conducting the Inventory: _____
(Print)

Department Inventory Coordinator: _____ _____
(Signature) Date

_____ _____
(Print) (Phone)

Department Chairperson/Director: _____ _____
(Signature) Date

_____
(Print)

(Please sign and email a scanned copy to Laurie.Desso@uvm.edu)