

# CERTIFICATION OF SPACE AND MOVABLE EQUIPMENT INVENTORY

Fiscal Year: \_\_\_\_\_  
(Print year)

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

1. Actual space usage during the fiscal year
2. Functional usage of the space during the fiscal year
3. The actual PeopleSoft Chartstring(s) which funded the functional activity in the space
4. The list of Occupants who performed activities in the space during the fiscal year
5. Location and condition of any movable equipment with a purchased value of over \$5,000
6. Reconciliation activities which include *resolving exceptions in the Space Functional Use Exceptions BI Publisher Report*, so *there are no exceptions*, and *reconciling the movable equipment list with the actual movable equipment inventoried*.
7. The **Department Inventory Progress Report** has been run in BI Publisher to confirm *all rooms have been changed to the inventory fiscal year located in the room info tab of the room in FAMIS*.

Instructions to run BI Publisher Reports are in the [Space User Guide \(Part 3: BI Publisher Server\)](#).

List the Department Code Number(s) Inventoried: \_\_\_\_\_

Department Name Conducting the Inventory: \_\_\_\_\_  
(Print)

Department Inventory Coordinator: \_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Print Name) (Phone)

Department Chairperson/Director: \_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Print Name)

Please email a scanned completed copy of this certification, the Department's movable equipment spreadsheet, and the Department's Space Functional Use Exception Report to [costacct@uvm.edu](mailto:costacct@uvm.edu).