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**Stephen F. Austin State University**

**CHANGE IN EQUIPMENT MANAGER (Department Head)**

**CERTIFICATION OF PHYSICAL INVENTORY**

**This form is to be completed by:**

* **Out-going** Equipment Managers (interim or permanent) within 30 days prior to the last day of service
* **In-coming** Equipment Managers (interim or permanent) within the first 30 days of service in the Equipment Manager position.

A current property list may be provided by the Property Manager at #4618 or printed from Webfocus Reports. The Property Office can also assist with the inventory by use of the RFID scanners.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Department** | **Org #** | **Box #** | **Phone #** | **Date of Inventory** | **Inventory Conducted By** |
|  |  |  |  |  |  |

**SIGNATURE of Person conducting inventory**

In accordance with Texas Gov’t Code Ann. Sec. 403.273(f) and (g), I hereby certify that a physical inventory was conducted for all property assigned to the departing Equipment Manager.

**(Inventory must be conducted by someone other than the out-going Equipment Manager)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Out-Going****Equipment Manager (Interim or Permanent)** | **Campus** **ID #** |  | **In-Coming** **Equipment Manager (Interim or Permanent)** | **Campus** **ID #** |
|  |  |  |  |  |

In accordance with Texas Government Code 403.275 I understand that I am liable for SFA property assigned to me. See Property Liability Policy 16.22**.**

**SIGNATURE Out-Going Equipment Manager (Interim or Permanent) Date**

**SIGNATURE In-Coming Equipment Manager (Interim or Permanent) Date**

**Mail this certification and a copy of the property list** to the Property Office at Box 13030, or scan and email to Property@sfasu.edu.

Note any room changes or discrepancies on the property list.