



**INVENTORY CERTIFICATE**

Department Name: \_\_\_\_\_ Department Number: \_\_\_\_\_

Name of Inventory: \_\_\_\_\_ Account Number: \_\_\_\_\_

Inventory Date: \_\_\_\_\_ Location: \_\_\_\_\_

The attached **full inventory listing** for this department includes page numbers \_\_\_\_\_ thru \_\_\_\_\_ totaling \$\_\_\_\_\_.

*(Note: The total inventory value must match the value in KFS as of the end of the fiscal year.)*

**COUNT AND VALUATION**

1. The inventory was counted, valued and verified according to procedures outlined in FPI 2-13 Inventory of Consumables & Merchandise.

2. The quantities reported were obtained by:

- Actual count, weight or measure
- Use of perpetual inventory records
- Other \_\_\_\_\_

(If more than one method was used, please explain on the reverse side of this certificate.)

3. The method of costing used was FIFO, Average Cost, Retail, Market, or Other (If "Other" please explain) \_\_\_\_\_

4. All goods billed to customers have either been delivered or excluded from inventory. Yes \_\_\_ No \_\_\_ (If "No" please explain)

5. The following personnel participated in the preparation of this inventory:

Counted by _____	Checked by _____
Costed by _____	Checked by _____
Computed by _____	Checked by _____

**CERTIFICATION**

I certify that I have examined the attached inventory, that it has been prepared in accordance with the above statements, and that it is accurate and complete to the best of my knowledge.

_____ Storekeeper Signature	_____ Printed Name	_____ Title	_____ Date
_____ Supervisor Signature	_____ Printed Name	_____ Title	_____ Date
_____ Department Head Signature	_____ Printed Name	_____ Title	_____ Date

CAMPUS SERVICES USE ONLY	
Adjustments per attached _____	
Account Number _____	Value Booked _____