

THE UNIVERSITY OF CONNECTICUT
INVENTORY CERTIFICATE FORM
UNIVERSITY CONSUMABLE SUPPLIES

RECORDED AS OF _____

DEPARTMENT NAME _____

INVENTORY GRAND TOTAL AMOUNT _____

TO THE UNIVERSITY CONTROLLER:

The Annual Inventory of Consumable Supplies as recorded on the attached listing
as of _____ for this department, is certified to be true and correct.

Printed Names and Signatures:

Department Head (please print)

Signature

Dean or Director (please print)

Signature

Date