University of Kentucky  
University Financial Services  
Capital Assets Accounting

Annual Capital Equipment Inventory Certification Sheet  
(To be completed only by departments with exceptions)

Department Number __________________  Department Name __________________

After a department with exceptions has completed the final edit of the equipment inventory in the eBARS Inventory System, the department head must review all required documentation for any exceptions and attach to this form. Detailed instructions are on the Capital Assets Accounting website under the Equipment Inventory heading, and on the eBARS website.

This Certification Sheet and all necessary paperwork for exceptions must be returned to Capital Assets, 371 Peterson Service Building, University of Kentucky, Lexington, Kentucky, 40506-0005, no later than January 31, 2019. The removal of equipment as lost requires the completion of the Lost Equipment Report and the approval of your Provost or Executive Vice-President. If your department is required to forward to a Unit or Area Fiscal Officer for central processing, please allow sufficient time for the additional review.

The equipment inventory verification process may include audits by Capital Assets Accounting personnel. Departments that have not completed their inventory and, where necessary, submitted all required documentation, by January 31, 2019 may be audited in addition to other selected departments.

________________________________________

Person Verifying (Please Print): ________________________ Phone Number: __________

Signature of Person Verifying: __________________________ Date Completed: __________

Department Head (Please Print): __________________________

Department Head Signature: ____________________________________________________

(By signing this form the department head is certifying that the supporting documentation for exceptions has been reviewed and is attached.)

Unit Budget Officer (If Required): __________________________

Area Fiscal Officer (If Required): __________________________

TO BE COMPLETED BY CAPITAL ASSETS

Date Received: __________ Corrected by: ___________ Date: __________

Remarks: