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 and eBARS websites.

This Certification Sheet and all necessary paperwork for exceptions must be returned to Capital Assets Accounting, 371 Peterson Service Building, University of Kentucky, Lexington, Kentucky, 40506-0005, no later than January 31, 2017. 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, 2017 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 ACCOUNTING

Date Received:___________ Corrected by:_______________ Date:_______________

Remarks: