

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