



OFFICE OF LOGISTICS MANAGEMENT (OLM)

Annual Supply Inventory Certificate – @M-5

You must complete this Form On-Line. Hand written Forms will be rejected. Mail, Fax or PDF the entire package to:

Submit Form To:	Jeff Boyko, University Director & Logistics Chief CZ/W cZ Logistics Management Room #: FB058 MC 2012 Telephone: 679-1955 Fax: 679-1993		
Responsible Person:		Title:	
Department:		Division:	
Phone Number:		Fax Number:	
Room Number:		Mail Code:	
Email Address:			

CERTIFIED STATEMENT

1. The Annual Physical Inventory for the department and/or division stated above was completed on the date stated, and is certified to be true and correct.	Date:	
2. The TOTAL VALUE of the Inventory was:	Amount:	
3. Of the TOTAL Inventory Value, the dollar amount over thirty (30) days was:	Amount:	
4. If you have identified Obsolete Inventory, please state that dollar value here:	Amount:	

Coding:	FY	Fund	Org	Program	Account

Important Notices to Department Head:

- Your signature confirms that you have read and followed the UConn Health procedures for the Annual Supply Inventory.
- The original copy of the Physical Inventory will be kept on file in your office for future reference. This Inventory Report must be kept on file for three (3) years, unless audited by the State of Connecticut.

Certified By Signatures:	Date	Received By Signatures:	Date
1. Departmental Responsible Person _____ Typed Name - Mandatory	_____	3. Logistics Management Supervisor _____ Typed Name - Mandatory	_____
2. Department Head _____ Typed Name - Mandatory	_____	4. University Director for Logistics Management _____ Typed Name - Mandatory	_____

Received By: (MLM Use Only)	Reviewed By:	Entered By:
Initials: _____ Date: _____	Initials: _____ Date: _____	Initials: _____ Date: _____