

ASSET AND INVENTORY VERIFICATION FORM

INSTRUCTIONS : PLEASE COMPLETE THIS FORM AND FORWARD TO THE RESPECTIVE AUTHORITY AS PER REQUIREMENTS OF THE PROCUREMENT REGULATIONS 2010 AND FINANCE INSTRUCTIONS 2010 FOR FURTHER PROCESSING

Inspection made by a Board of Survey at _____ of the _____

Department in _____ on _____ Name of Officer i/c Inventory/Store: _____

Designation: _____ Date of last survey of items: _____

Item#	Date Purchased	Asset ID Number	Location	Description	Book Balance	Physical Balance	Difference		Comments and Explanation
							Shortage	Excess	
Total									

We certify, as a result of our check, that the surpluses to the value of _____ and deficits to the value of _____, as listed on sheet _____ of this Schedule, were discovered and have been adjusted on the _____

Tally Cards/Stores Ledger/Inv

BOARD OF SURVEY COMMITTEE

Name

Designation

Ministry

Signature

Chairperson _____
Member _____
Member _____
Member _____

I confirm the findings of the Board:-

Officer i/c store/Inventory

Recommendations approved as
Amended and initialled by me.

Minister of Finance / PS for Finance/ PS of Agency

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I certify that action has been taken as approved, the ledger balances adjusted, and that the articles ordered to be disposed of have been _____
(describe method of disposal above).

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Chairperson of Board of Survey

Admin : Action taken:

- Recommended action taken: Date: _____ Time: _____
*Note: Sale of item - Details (i.e.: Receipt#, Amount.), acknowledgement letter for donated item, transfer forms to be attached

Accounting Head of Agency_____
[Name]_____
[Date]**Agency Asset Section:** Register updated:

By Name: _____ Sign: _____ Date: _____