**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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| 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 Nos.1 to |   | of this Schedule, were discovered and have been adjusted on the  |
| Tally Cards/Stores Ledger/Inv |  |  |  |  |  |  |  |  |

I confirm the findings of the Board:-

Officer i/c store/Inventory

**BOARD OF SURVEY COMMITTEE**

**Name**  **Designation Ministry Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Chairperson \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Member \_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Member \_\_\_\_\_\_\_\_\_\_

Recommendations approved as

Amended and initialled by me. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_20 \_\_\_\_\_\_

 Minister of Finance / PS for Finance/ PS of Agency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Chairperson of Board of Survey

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |