COUNTY OF IMPERIAL

FIXED ASSET INVENTORY CERTIFICATE

JUNE 30, 2020

Department Number:

Department Name:

**Inventory Accountability**

1. Value per Auditor’s records $ \_ \_\_
2. Add: No. of Items Value
3. On hand but not

Listed (eg. New Items,

Transfers in, etc.) $

1. Loans from other depts. $

Total (2a + 2b) $ \_\_\_\_\_\_\_\_\_\_

1. Deduct: No. of Items Value
2. Transfers out

 $

1. Loans to other depts.

 $

1. Missing \*

 $

Total (3a+3b+3c) ($\_\_\_\_\_\_ \_\_\_)

1. Value per Department’s physical inventory $\_\_ \_\_\_ ==================

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

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I certify under penalty of perjury that, to the best of my knowledge and belief, the Statement of General Fixed Assets consisting of page (s) \_\_\_\_\_\_, including the above summary, is an accurate and complete inventory of all fixed assets in my possession, or in my charge, at the close of business on June 30, 2020, and in all respects is correct and in accordance with section 24051 of the Government Code.

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

 Date Department Head Signature