STAFF PERSONAL ASSETS SCHEDULE

Type of Asset	Identification(model/SN)	Value $	Proof of Value/Ownership: (valuation/purchase receipt-Yes or NO)	Campus Location
		TOTAL:		

STAFF MEMBER ID NUMBER:

I certify that the above assets are to be used solely or partly in University business.

PRINT NAME_____ SIGNATURE_____

DIVISION/FACULTY/SCHOOL_____

DVC/DEAN/HEAD OF SCHOOL/DIRECTOR

I certify that the above assets are required by this staff member to perform their duties for the University.

PRINT NAME_____ SIGNATURE_____

DIVISION OF FINANCE

SENIOR FINANCIAL ACCOUNTANT

The above assets are approved for protection under the University's insurance program.

PRINT NAME_____ SIGNATURE_____