

Grant Period: _____ Date: _____ Activity #: _____

Activity Title: _____

Activity Director: _____

Instructions: al *at the* *to be used*
of the

Feel free to use additional pages if needed.

This is to verify that I have physically confirmed that the items listed on page 2 of this document are located in the building/room indicated. I understand that I will have to verify these items for physical inventory purposes so that the property records remain updated.

Activity Director

Date

University Supervisor

Date

Equipment Description

Model or
Serial #

SSU ID#

Date