



Sponsor-Titled Self-Audit Verification Form

Departments are responsible for periodically locating and verifying sponsored research equipment that is titled to the sponsor.

This form prepared by:

Name: Phone: Date:
Dept. Code: Dept: Dept Head:

Agency: Dept. Code: Department:

Date Self-Audit Completed: No. of Items: Total Cost of Items:

Checklist - Check All That Apply

- Locations have been verified and/or updated in InCircuit, including room, building number, hand receipt information (if applicable).
"Person Responsible" field has been entered/updated on each asset record in InCircuit.
Assets not physically located have one or more of the following forms attached for explanation:

Disposal Form Police Report Affidavit Transfer Form

- Updated hand receipts are attached.
Acquisition forms are attached for any outstanding equipment purchases.
A copy has been retained in the departmental file.

I verify that the self-audit of equipment has been completed and verified by me personally. Documentation for lost/stolen items, disposals, transfers, donations, etc., have been attached to this form for review by Receiving & Property Control.

TYPED NAME SIGNATURE DATE

Department Contact:

Third-Person Verification:

I have reviewed the attached self-audit report and it is complete and accurate as of this date.

Unit Head:

Original - Receiving & Property Control Copy - Departmental File

General Instructions

This form prepared by	Name, phone number of person completing form - for contact purposes
Phone	Phone number of person completing the form
Date	Date of form completion
Agency	Select agency associated with department
Date Self-Audit Completed	Date self-audit completed
No. of Items	Number of items listed on department inventory list
Total Cost of Items	Total cost of items listed on department inventory list
Checklist Boxes	Select all boxes that apply
Dept. Contact	Typed name, signature, and date
Third-Person Verification	Typed name of independent third party that can attest to self-audit results, signature, and date
Unit Head	Typed name of person responsible for operation of the department, signature, and date
Complete and forward to:	Receiving & Property Control (RPC) P.O. Box 6177 Mississippi State, MS 39762 Mail Stop 9605 Phone: (662) 325-2545 Fax: (662) 325-4551

Maintain a copy of this form in departmental file for audit purposes.