

The Winnipeg School Division

**MOVEABLE EQUIPMENT
INVENTORY VERIFICATION FORM**

Name of School/Department

Name of School Administrator/Department Head

PLEASE PRINT FULL NAME

I certify that the useable moveable equipment inventory at

LOCATION

has been counted and verified to the Central database as at

DATE

and that all differences have been updated on the equipment database system.

SIGNATURE OF SCHOOL ADMINISTRATOR OF DEPARTMENT HEAD

DATE

RETURN BY MAY 15 EACH YEAR TO SECRETARY-TREASURER'S DEPARTMENT