

**Salt Lake Community College  
Annual Inventory Report  
Signature Page 2025**

**Department Name** \_\_\_\_\_

**Name and signature of person who verified inventory:**

Print Name	Signature	Date
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**Name and signature of Budget Center Manager/Custodian:**

Print Name	Signature	Date
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**Signature of Provost/Vice President  
(Needed for ALL lost inventory)**

Signature	Date
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**All lost assets with an acquisition cost of \$5,000+ require a police report number.**

**Police Report Number(s)** \_\_\_\_\_