**required Closing Package certification**

**Fixed assets**

I certify our annual physical inventory was conducted and completed as of 06/30/2024 in accordance with the State’s Fixed Asset Policies and the Department of \_\_\_\_\_\_\_\_\_\_\_’s Fixed Asset Policies and Procedures. I have reconciled our fixed asset records with this physical inventory.

**Reconciliation Information***: (Please complete if applicable and indicate whether items should be either deleted or added by the agency.)*

1. The attached listing is fixed assets which are on the fixed asset listing but not identified during the physical inventory. Please have these assets deleted as lost items to complete the reconciliation process or
2. The attached listing is fixed assets which were identified during the physical inventory however are not on the fixed asset listing. Please have these assets added to complete the reconciliation process.

|  |  |  |
| --- | --- | --- |
|  | **Typed Name** | **Hand-written or Digital Signature (preferred)** |
| **Property Officer:** |  |  |
| **Title:** |  |
| **Date:** |  |

**OR**

I certify that as of 06/30/2024 the Department of \_\_\_\_\_\_\_\_\_\_\_ does NOT have any fixed asset to inventory or reconcile.

|  |  |  |
| --- | --- | --- |
|  | **Typed Name** | **Hand-written or Digital Signature (preferred)** |
| **Property Officer:** |  |  |
| **Title:** |  |
| **Date:** |  |

If you have any questions about interpretation of fixed asset policies as prescribed in the SAAM manual, please contact your agency liaison.