



REPORT OF SURVEY
FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY
OFFICE OF PROPERTY RECORDS

SURVEY NO. _____
This section complete by Property Records

DATE: _____

Relief from accountability for property listed below is requested.

1. Has the property described below been missing two or more Inventory cycles? Yes () No ()

2. _____ 3. _____
NAME: ACCOUNTABLE OFFICER NAME: DEPT. & DEPT. /PROJECT ACCOUNT NUMBER

4. TAG NUMBER	NAME & DESCRIPTION OF ITEM(S)	NBV	ACQ. DATE	COST
1				
2				
3				
4				
5				
6				
7				
8				

5. Reason(s) for Request (Why should the item(s) be written off)

6. Date of last observed: _____ 7. Date of last physical inventory taken: _____

8. Police Report Attached? Yes () No () If no, state reason(s)* _____

9. Action taken to recover item(s) or cost:* _____

10. Procedure changes to prevent future losses:* _____

SIGNATURE: DEPT. HEAD OR ACCOUNTABLE OFFICER

ASSISTANT CONTROLLER

SIGNATURE ABOVE ACKNOWLEDGES THAT THE PROPERTY LISTED IN NUMBER FOUR IS CORRECT

Use additional sheets if necessary

RECOMMENDATIONS: PROPERTY SURVEY BOARD

APPROVED

DISAPPROVED*

SIGNATURE

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RECOMMEND:

APPROVAL

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DISAPPROVAL**

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Vice President for Administration

Date

STATE REASON(S) BELOW:

Please Fax to: (850) 561-2607 or
Please mail to: Property Records, 2380 Wahnish Way,
Tallahassee, Florida 32307
Or Fax to: (850) 561 – 2607