Signature over Printed Name of Designated Accounting Staff

REPORT OF SEMI-EXPENDABLE PROPERTY ISSUED

Entity Name: Fund Cluster:				Serial No Date			
ICS No.	Responsibility Center Code	Semi-expendable Property No.	Item Description	Unit	Qty Issued	Unit Cost	Amount
I hereby certify to the correctness of the above information.					Posted by:		

Signature over Printed Name of Property and/or Supply Custodian