



# Local Office Certificate of Completion

In accordance with the requirements stipulated in the office of Financial Management Policies, Regulations, and procedures Manual, we attest to the completion of a fixed asset inventory for the office indicated below and on the attached documentation.

**All items have been reconciled to the TRACKS database or otherwise accounted for on the exception list.**

LOCAL OFFICE NAME

COST CENTER NUMBER

REGION

LOCATION CODE

LOCATION NAME

**SIGNATURES**

ASSET LOCAL REPRESENTATIVE'S SIGNATURE

DATE

PRINTED NAME HERE

LOCAL OFFICE ADMINISTRATOR'S SIGNATURE

DATE

PRINTED NAME HERE