|  |  |  |  |
| --- | --- | --- | --- |
| Text  Description automatically generated | AGENCY INVENTORY SYSTEM (TRACKS) FIXED ASSET INVENTORY  **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 |
| **DSHS 17-116 (REV. 01/2024)** | | | |