WEST VIRGINIA LEGISLATURE

Joint Committee on Government and Finance

ANNUAL CERTIFICATION COVER SHEET

To: Olivia Klee Inventory Coordinator

From: _____ Division Tracker

Date:

The Annual Certification Forms have been completed by all_____(division name) employee's assigned equipment. The following changes have been made in wvOASIS based on the Certifications. All necessary Equipment Assignment Forms and Equipment Returned Forms have been provided:

Bar Code	Description of Adjustment Made	FM Doc #

Signature:_____ Date: _____

By signing above, I certify I have reviewed the Annual Certification of Equipment Forms and any discrepancies are noted above.