

**EXHIBIT T
(INVENTORY CONTROL FORM)**

County Asset Bar Code ID Number	Funding Source (If multiple funding sources, Indicate % split)	DESCRIPTION					Location of Asset	Assigned to (Name of Person)	Cond. of Asset*	Purchase Order No.	No. of Units	DATE		COST	
		Type	Brand	Model	Serial No.	Purchased						Acquired	Unit	Purchased	
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I certify under penalty of perjury that a complete physical inventory has been conducted, the information provided on this Exhibit is correct to the best of my knowledge, and all purchases were made in accordance with the conditions of the Subaward and are in compliance with Federal, State and County regulations.

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Subrecipient's Name

Click here to enter text.

Program Services

Click here to enter text.

Name of Preparer Completing Exhibit

Click here to enter text.

Name of Authorized Representative

Click here to enter text.
Phone Number

Authorized Representative's Signature

Click here to enter text.
Subaward Number

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Fiscal Year

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Title

Click here to enter text.

Title of Authorized Representative

Click here to enter a date.

Date

* Provide condition of the asset upon its disposal, transfer or as requested by County. Condition descriptions: V=Very Good; G=Good; F=Fair; P=Poor; S=Salvaged/disposed

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