

Space Management

Space Inventory Certification

I certify that to the best of my knowledge and belief, the space inventory results conducted for this inventory year, were in accordance with the UNTHSC's Space Inventory Procedures and Guidelines instructions and accurately represents the department's classification and assignment data.

Inventory Period: FY	Date:
Department:	
Space Representative:	
Printed Name	Signature
Dean/Executive VP:	
Printed Name	Signature

PEASE RETURN THIS FORM WITH APPROVED SPACE INVENTORY REPORT