



Property Control Record & Equipment Certification

*This form should be used to inventory **all** equipment purchased during the life of the grant. **All firearms are to be listed with Serial Numbers regardless of unit cost.***

Authorizing Agency	
Implementing Agency	
Project Name	
Project Number	
Project Director's Name	
Phone # and E-mail Address	

Equipment Information

Item Description:	
Serial/other identification No.:	
Date Transaction Completed:	Date Equipment was Acquired:
Cost:	Vendor:
Location of Equipment:	Assigned to:
Purpose of Equipment:	Purchased by:
Insurance Coverage:	
Item Description:	
Serial/other identification No.:	
Date Transaction Completed:	Date Equipment was Acquired:
Cost:	Vendor:
Location of Equipment:	Assigned to:
Purpose of Equipment:	Purchased by:
Insurance Coverage:	
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Serial/other identification No.:	
Date Transaction Completed:	Date Equipment was Acquired:
Cost:	Vendor:
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Date Transaction Completed:	Date Equipment was Acquired:
Cost:	Vendor:
Location of Equipment:	Assigned to:
Purpose of Equipment:	Purchased by:
Insurance Coverage:	

I, the undersigned, certify that the equipment approved in the above-referenced grant was purchased and installed in compliance with the grant.

The completed Property Control Record and pictures have been uploaded to GEMS.

Project Director 's Printed Name Date

Project Director 's Signature Date

Please sign, date and upload this document along with pictures of each item purchased to GEMS along with applicable supporting documentation for reimbursement requests.