

**MISSISSIPPI UNIVERSITY FOR WOMEN
OFFICE OF RESOURCES MANAGEMENT
W-BOX 1611 EXT. 7126
WHITFIELD HALL**

HAND RECEIPT FOR REPAIR OF ITEM

Date: _____

From: _____

This is to certify that the equipment listed below is being repaired at the following location:

Business Name: _____

Address: _____

Phone #: _____

Contact Person: _____

Business Signature

Description of Equipment

Serial #

Inventory #

Employee's Signature