

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

HAND RECEIPT FOR EQUIPMENT
OR ANY UNIVERSITY OWNED ITEMS

Date: _____

From: _____
 (Employee name and department)

This is to certify that I have the equipment or property listed below and that I am using it to complete official university business on the following date(s): _____

Description of Item/property	Serial number	Inventory number

I am the inventory representative for _____ (Department name) and certify that I have inspected the equipment as noted above. This equipment is on hand and appears to be in good condition. (Any exceptions should be reported to Resources Management and this form should not be completed.)

Signed _____
 Inventory Representative

Date: _____

Approved _____
 Department Head/Supervisor

Date: _____

This form should be updated each time there is a change, at a minimum of every six months if the equipment is still off campus.

Copy - Departmental Inventory File
 Resources Management