

**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: \_\_\_\_\_  
Business Signature

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

| Description of Equipment | Serial Number | Inventory Number |
|--------------------------|---------------|------------------|
|                          |               |                  |
|                          |               |                  |
|                          |               |                  |
|                          |               |                  |
|                          |               |                  |
|                          |               |                  |
|                          |               |                  |

\_\_\_\_\_  
Employee's Signature