

**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