

**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: \_\_\_\_\_

<u>Description of Equipment</u>	<u>Serial #</u>	<u>Inventory #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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