



Mississippi Valley State University

Property and Accountability

14000 HWY 82 West • Itta Bena, MS 38941

TO: State Department of Audit

FROM: _____
(Employee's Name)

(Department)

DATE: _____

RE: This is to verify that I have the equipment listed below and am using it to complete official department business

| DESCRIPTION OF EQUIPMENT | SERIAL NUMBER | INVENTORY NUMBER |
|--------------------------|---------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Employee's Signature)