

White - Property Acct
Yellow - Department
Pink - Employee



MISSISSIPPI VALLEY STATE
UNIVERSITY®

Hand Receipt

TO: State Department of Audit / Mississippi Valley State University

FROM:

(Employee's Name)

(Employee's ID Number)

(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	BUILDING/ROOM #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Employee's Signature)

(Fiscal Officer/ Department Head) *

Note: * Must Be Signed