



MSU Hand Receipt Form
For Temporary / Off-Campus Use Of Equipment

This form should be completed when equipment is removed from the department premises for any reason and for any length of time. It is only valid if completed in its entirety and updated every 12 months from the date at the top of the form. The department is responsible for maintaining this form and providing a copy to Receiving & Property Control upon request for any reason.

This form prepared by:

Name: Phone: Date:
Dept. Code: Dept: Dept Head:

Table with 4 columns: Inv No., Description, Serial Number, Cost. Multiple empty rows for data entry.

Additional items may be listed in an attachment to this form

This is to verify that I have the equipment listed above and that I am using it to complete official departmental business. I accept full responsibility for the equipment while entrusted to my care and will return the equipment when any of the following conditions occur: (1) when the equipment is no longer needed for official departmental business; (2) at the request of the unit head, dean, director, vice president or Property Officer; (3) at the end of my employment with the department.

Typed Employee's Name Employee's Signature Date Expected Return Date

This section is to be completed by the Department Inventory Representative or Unit Head

I have visually seen and inspected the equipment listed above upon the issuance renewal of this form.

Signature of Department Inventory Representative or Unit Head Date Phone Number

Equipment Return Verification

Employee's Signature Date Department Property Representative/Unit Head Return Date

Property Control Use Only:

Agency: Trans Code: Rpt No: Mo/Yr: Initials: Date:

General Instructions

This form prepared by	Name, phone number of person completing form - for contact purposes.
Phone	Phone number of person completing the form.
Date	Date of form completion.
Dept Code	Code assigned to department.
Dept	Name of department associated with equipment.
Dept Head	Unit head of department.
Inv. No.	Asset number assigned on department inventory report.
Description	Description of item as it appears on department inventory report.
Serial No.	Serial number of item matched with department inventory report.
Disposal Reason	Select appropriate description from drop-down box.
Cost	Cost of item as it appears on the department inventory report.
Typed Employee's Name	Self explanatory.
Employee's Signature	Self explanatory.
Date	Date that the form is completed.
Expected Return Date	Date that employee expects to return the item.
Dept Inv Rep/Unit Head	Signature of person verifying the equipment.
Equipment Return	Requires two signatures and dates: employee and dept inv rep/unit head.

Complete and forward to: Receiving & Property Control (RPC)
P.O. Box 6177
Mississippi State, MS 39762
Mail Stop 9605
Phone: (662) 325-2545
Fax: (662) 325-4551