

DEPARTMENT OF FINANCE AND ADMINISTRATION

OFFICE OF BUSINESS SERVICES

FORM 5A - HAND RECEIPT

TO: _____

From: _____
Department of Finance and Administration

Date: _____

This is to certify that I have the equipment listed below and am using it to complete official department business. Disciplinary action may be taken against me, and/or other employees involved in the loss of any fixed asset due to negligence, failure to secure the asset, failure to report the loss within the designated time frame, or failure to follow procedures as outlined.

Description of Equipment	Serial Number	Inventory Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Employee's Name)

(Employee's Signature)