



HAND RECEIPT FORM

This form should be completed when there is a temporary need for off-campus use of property/equipment. This form is only valid for one year and must be completed in its entirety. If continued off-campus use is necessary after one year, a new form must be completed.

| | | | |
|-----------------------------|----------------------------|-------------------------|-------------|
| Form Preparer's Name | | Phone | Date |
| | | | |
| Department's Name | | | |
| | | | |
| Location Code | Dept Inv Rep's Name | Dept Head's Name | |
| | | | |

| List of Property/Equipment | | | | | |
|-----------------------------------|-------------------------|----------------------|----------------------|----------------------|-------------------------------------|
| E Number | Item Description | Serial Number | Date Assigned | Date Returned | Inv Rep's Initial for return |
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This is to verify that I have the property/equipment listed above and that I am using it to complete official departmental business. I accept full responsibility for the property/equipment while entrusted to my care and will return the property/equipment when any of the following conditions occur: (1) it is no longer needed for official departmental business; (2) at the request of the Department Head, Dean, Director, Vice President or Property Officer; or (3) at the end of my employment with the department.

| | | | |
|--|---------------------------------------|---------------------------------------|-----------------------------|
| Property Custodian's Printed Name | Property Custodian's Signature | Date | Expected Return Date |
| | | | |
| Dept Inventory Rep's Printed Name | | Dept Inventory Rep's Signature | |
| | | | |
| | | Date | |
| | | | |

INSTRUCTIONS

HAND RECEIPTS

This form should be completed for all employees who need to use property/equipment off campus for an extended period of time.

1. **Preparer Information** – Enter the name and phone number of the person completing the form; enter the date form was prepared.
2. **Department Name** – Enter your department’s name. (ex. Property Management)
3. **Location Code** – Enter the five-digit department location code (ex. 12345. Contact Property Management if you do not know your Location Code.)
4. **Department Inventory Representative** – Enter the name of the person in your department designated by the Department Head as the Property Inventory Representative.
5. **Department Head Name** – Enter the name of the Department Head.
6. **E-Number** – Enter the E-number assigned to the property/equipment.
7. **Item Description** – Enter the description of the property/equipment.
8. **Serial Number** – Enter the serial number of the property/equipment.
9. **Date Assigned** – Enter the date the employee was allowed to remove the property/equipment from its campus location.
10. The property custodian should print, sign and date the form.
11. The Department’s inventory rep or Department Head should print, sign and date the form.
12. Give a copy to the property custodian.
13. The department’s inventory representative should forward a copy to Property Management. (Email propertymanagement@jsums.edu.)
14. Maintain the original in departmental files.

Upon return of the equipment:

- 1) **Date Returned** – Enter the date the property/equipment was returned.
- 2) **Inv Rep’s Initial for return** – The department’s inventory rep should initial.
 - a) Update the department’s master inventory list and send the updated form to Property Management.
 - b) Maintain the original in departmental files.