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

_____
(Employee's Signature)