

**AG-313 (06/09)**

**Texas A&M AgriLife  
Administrative Services - Property**



**To: Alternate Accountable Property Officer**

## **REPAIR RECEIPT FORM**

Date: \_\_\_\_\_

Inventory Number: \_\_\_\_\_

Description of Item & Serial Number: \_\_\_\_\_  
\_\_\_\_\_

Name of Repair Shop: \_\_\_\_\_

Approximate Date Item will be Repaired: \_\_\_\_\_

Name of Employee Taking Item to be Repaired: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_