



THE AMERICAN UNIVERSITY IN CAIRO

الجامعة الأمريكية بالقاهرة

Property Inventory and Warehouses Control Office

Personal Custody Receiving Form

To: Property Inventory and Warehouses Control Office

From: -----
(Name of Department / Office) (Area) (Cost Center)

Subject: Receiving Personal Custody

Date: -----

This is to certify that Dr./Mr./Mrs./Ms.-----
has received from Dr./Mr./Mrs./Ms ----- the following item.

Asset Description: -----

Fixed Asset Number (Inventory Number): -----

Serial Number: -----

AUC ID #: -----

Title: -----

Received by: ----- **Signature:** -----

Title: -----

Date: -----

Approval of Dept. / Office Head: ----- **Date:** -----

Remarks (if any) -----
