

RECEIPT FOR PROPERTY RECEIVED/RETURNED

Case ID: _____ Date: _____ Page _____ of _____

	<input type="checkbox"/> Received from	<input type="checkbox"/> Released to <input type="checkbox"/> Returned to
Name (print):		
Organization:		Public Health Lab E Texas
Street Address:		11949 US Highway 271
City, State, Zip:		Tyler, Texas 75708
Phone:		903-877-5071

Description of Property (identifier, number/quantity, and type/description):

Packaging Information:

Packaged by (name):	
Date packaged:	
Time packaged:	

Received from: (sign/date/time)
Received by: (sign/date/time)