

# LINEN AGREEMENT

I, \_\_\_\_\_, the undersigned, agree that I am responsible for the linens received at time of intake and their return at discharge.

## INVENTORY

Linens Received

### INTAKE

- |                          |                        |
|--------------------------|------------------------|
| <input type="checkbox"/> | 1 Mattress Pad Cover   |
| <input type="checkbox"/> | 1 Top Sheet            |
| <input type="checkbox"/> | 1 Fitted Bottom Sheet  |
| <input type="checkbox"/> | 1 Pillow Case          |
| <input type="checkbox"/> | 1 Pillow               |
| <input type="checkbox"/> | 1 Blanket              |
| <input type="checkbox"/> | 1 Comforter/ Bedspread |
| <input type="checkbox"/> | 1 Towel                |
| <input type="checkbox"/> | 1 Wash Cloth           |

Linens Returned

### DISCHARGE

- |                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

I understand that I am responsible for the return of these linens in the same condition I received them. I further understand that failure to return linens may result in an unsuccessful completion and that I will be held financially responsible for loss of and/or damages to linens.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
**CLIENT SIGNATURE**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
**STAFF SIGNATURE**

☐ **Copy given to Client**      **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

All items have been returned.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
**CLIENT SIGNATURE**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
**STAFF SIGNATURE**

**CLIENT LOG #** \_\_\_\_\_