

# **MOI UNIVERSITY** **STUDENTS CATERING AND ACCOMMODATION SERVICES** **ROOM INVENTORY FORM**

To be filled at the beginning of every academic year/semester or in case of any internal movement)

<b>NAME: KIPTUM K EVANS</b>	<b>REG_NO: TED/52/16</b>		<b>YEAR: 2</b>
<b>HOSTEL: D HOUSES</b>	<b>ROOM NO: D21 C</b>	<b>ACADEMIC YEAR: 2016/2017 FOR SEM 2</b>	
<b>ITEM</b>	<b>CHECK IN(NO)</b>	<b>CHECK OUT(NO)</b>	<b>REMARKS</b>
Bed/Bedboard			
Mattress			
Reading Chairs			
Reading Table			
Reading Lamps			
Ceiling Lamps			
Switches			
Socket(s)			
Curtains			
Mirror(s)			
Wardrobes (in -built /Movable)			
Waste Paper Basket			
Window panes			
Window stay(s)			
Window fastner(s)			
Drawers			
Door Key(s)			
Any Other Item			

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General Condition of the room Floor, Tiles,wall,e.t.c		

**DECLARATION:-**I have checked the above inventory and found it correct. I therefore undertake full responsibility for the loss or damage to the above mentioned items which may occur in the room during my occupation.

**A.CHECK-IN** Student Signature..... Date..... H/K Signature.....  
Date.....

**B.CHECK-out** Student Signature..... Date..... H/K Signature.....  
Date.....

**NOTE:** This room inventory MUST be returned to the Housekeeper on the day the room is allocated. Any student who fails to comply will be surcharged for ALL damaged items in the room (at the time of checking out.)

Authorized by..... Date.....

**Catering and Hostels Manager**