**KISM F10**

****

**REPUBLIC OF KENYA**

**MINISTRY OF LANDS AND PHYSICAL PLANNING**

**KENYA INSTITUTE OF SURVEYING AND MAPPING**

P.O. Box 64005, 00620 Nairobi, Tel: 0775503880/0775503240, Email: kismkigss@gmail.com

Website: www.kism.ac.ke

**ACCOMMODATION INVENTORY AND CLEARANCE FORM**

**(To be Filled in Triplicate)**

**BLOCK ROOM NO.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Number. at check in** | **Comments** | **Number. at check out** | **Comments** |
| Beds |  |  |  |  |
| Mattresses |  |  |  |  |
| Pillows |  |  |  |  |
| Reading tables |  |  |  |  |
| Reading chairs |  |  |  |  |
| Reading lamps |  |  |  |  |
| Lighting lamps |  |  |  |  |
| Switches |  |  |  |  |
| Sockets |  |  |  |  |
| Curtains |  |  |  |  |
| Wardrobes |  |  |  |  |
| Waste paper baskets |  |  |  |  |
| Doors keys |  |  |  |  |
| Door knob |  |  |  |  |
| Window panes |  |  |  |  |
| Any other items |  |  |  |  |
| General room condition |  | | | |

**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 may occur in the room during my occupation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Name** | **Student Adm. No.& Year** | **Signature** | **Remarks** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

**Student Cleared/Not Cleared**

House Keeper/Assistant Name …………………….…Sign…………………. Date……………