



Check-out Form

This is to certify that _____ ID# : _____

Program: _____ Year: _____ Block: _____ Room# : _____

Has vacated the room _____ Signed: _____ Date: _____ Time: _____

NO	Item Description	Cleanliness Standard of Room/ Furniture's	Defects	Comments
1	Room Key			
2	Bed Sheet/ Pillow Cases			
3	Mattress			
4	Curtains			
5	Study Tables			
6	Study Chair			
7	Chest drawer/ closet			
8	Power points			
9	Light Switch			
10	Walls			
11	Balcony			
12	Main Door			
13	Louvers			
14	Bed			
15	Meal Book			
16	Balcony Door			
17	Blanket			
18				

Residential Warden: _____ Date: _____ Time: _____