



**MAASAI MARA UNIVERSITY**  
**ACCOMMODATION DEPARTMENT**  
**INVENTORY FORM**  
 MMU/ACC/F12

*To be filled in duplicate, at the beginning of the semester or in case of any internal movements*

NAME: \_\_\_\_\_ FACULTY: \_\_\_\_\_  
 REG. NO: \_\_\_\_\_ YEAR OF STUDY: \_\_\_\_\_  
 HOSTEL: \_\_\_\_\_ ROOM NO: \_\_\_\_\_  
 ROOM REQUIRED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ITEM	NUMBER AT CHECK IN	NUMBER AT CHECKOUT	COMMENT
BEDS			
PILLOWS			
READING TABLES			
MATTRESSES			
READING CHAIRS			
CEILING LAMP			
SWITCHES			
SOCKETS			
CURTAINS			
WARDROBES			
WASTE PAPER BASKETS			
DOOR KEY			
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 which may occur in the room during my occupation.

<p><b><u>CHECKIN</u></b></p> <p>Student signature: _____</p> <p>Date: _____</p> <p>Stores clerk: _____</p> <p>Date: _____</p>	<p><b><u>CHECKOUT</u></b></p> <p>Student signature: _____</p> <p>Date: _____</p> <p>Housekeeper: _____</p> <p>Date: _____</p>
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*(This form is valid when duly stamped and signed)*