MASENO UNIVERSITY

ACCOMMODATION AND CAFETERIA SERVICES

ACCOMMODATION INVENTORY FORM TO BE FILLED AT THE BEGINNING AND END OF SEMESTER IN CASE OF ANY INTERNAL MOVEMENT

NAME:……REG. NO:……
FACULTY:……CAMPUS:……
YEAR OF STUDY:……(1ST ,2ND ,3RD , 4TH)……
HOSTEL:……ROOM:……
ROOM ALLOCATION FROM (DATE)……TO (DATE)……

ITEM	NUMBER AT CHECKING IN IN TICK ( )	NUMBER AT CHECKING OUT TICK ( )	COMMENTS
Bed	1		
Mattresses	1		
Pillows	1		
Curtains	1		
Wardrobe (Moveable)			
Waste Paper Basket	1		
Door Key	1		
Any other item			
General Room 1Condition			

CONTACT
Student Phone No……
Parents / Guardian Name……
Telephone / Mobile No……
Address……

DECLARATION
I have checked the above inventory and found it correct. I therefore under – take full responsibility for the loss or damage of the above mentioned items which may occur in the room during my occupation. **I further commit myself to remain in the allocated room for one full academic year except for any reason approved by the Hostels' Officer.**

CHECKING IN……CHECKING OUT……
Resident's Sign **Resident's Sign**

HOUSEKEEPER'S NAME……SIGNATURE……