

MONTHLY LINEN AUDIT

Month/Year: _____

Property/Location: _____

Audited By: _____

Date of Count: _____

Status: Initial Reconciliation

ITEM DESCRIPTION	PAR LEVEL	IN CIRCULATION	IN LAUNDRY	NEW STOCK	DISCARD
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Bed Linen

King Sheet

Queen/Full Sheet

Twin Sheet

Pillowcases (Std)

Duvet Covers

Bath Linen

Bath Towels

Hand Towels

ITEM DESCRIPTION	PAR LEVEL	IN CIRCULATION	IN LAUNDRY	NEW STOCK	DISCARD
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Face Cloths

Bath Mats

Bathrobes

Food & Beverage / Other

Tablecloths (White)

Napkins

Pool Towels

DISCREPANCY NOTES & ACTIONS:

Housekeeping Manager Signature:

General Manager Signature: