

TOWEL INVENTORY CONTROL

Housekeeping Department

Date: _____
Shift: Morning / Evening

ROOM NO.	BATH TOWEL		HAND TOWEL		FACE CLOTH		BATH MAT		STATUS / NOTES
	OUT	IN	OUT	IN	OUT	IN	OUT	IN	
101									
102									
103									
104									
105									
TOTAL									

Attendant Signature

Laundry Supervisor

Floor Manager