



**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:.....(1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>, 4<sup>TH</sup>).....

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.....

MASENO UNIVERSITY IS ISO 9001: 2015 CERTIFIED



