

Damaged / Missing Item Report

Room#	
Date	
Reported by	
Name of Registered Guest	
Dates of Guest's Stay	
Damaged / Missing Items: (Ple	ase describe damage if any):
Replacement Cost: Reported by Signature: Invoice # Charged in Check In System	±
Charged To (Circle One	
Billing Address	3
Date Invoice Mailed	1
Statements or Supporting Doo	cumentation (Please attach any supporting pictures and additional pages if needed)