



Damaged / Missing Item Report

Room #	
Date	
Reported by	
Name of Registered Guest	
Dates of Guest's Stay	

Damaged / Missing Items: (Please describe damage if any):

Replacement Cost: _____

Reported by Signature: _____

Invoice #	
Charged in Check In System	
Charged To (Circle One)	Credit Card / Billing
Billing Address	
Date Invoice Mailed	

Statements or Supporting Documentation (Please attach any supporting pictures and additional pages if needed)
