



General CLEANING REQUEST

Date: / / 20 G

To be filled the requester	Department	Room No.	Person In-charge	Sign.	Ext.	Suitable Time	Type of Cleaning

AGREEMENT OF AREA MANAGER:

Date Received: / / 20 G

5 Approved

5 Rejected

Reasons (if any):

Date: / / 20 G

Signature:

CHECKING REPORT

Date: / / 20 G

To be filled by Housekeeping Supervisor & the person in charge	Department	Room No.	Person In-charge	Sign.	Ext.	Suitable Time	Type of Cleaning

Remarks:

Would you please submit this form to the Housekeeping Area Manager two days before the requested date.