**COLLECTION CHECK LIST**

Customer name:

Date:

|  |  |
| --- | --- |
|  *Check Type* | *Quantity* |
| * Knives
 |  |
| * Forks
 |  |
| * Spoons
 |  |
| * Serving spoons
 |  |
| * Containers
 |  |
| * Plates
 |  |
| * Glasses
 |  |
| * Bowls
 |  |
|  |  |
|  |  |
|  |  |

 Fill in if something is missing:

Collected by:

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Signature:

**COLLECTION CHECK LIST**

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Date:

|  |  |
| --- | --- |
|  *Check Type* | *Quantity* |
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 |  |
| * Glasses
 |  |
| * Bowls
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 Fill in if something is missing:

Collected by:

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Signature: