**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:

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Date:

|  |  |
| --- | --- |
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|  |  |
|  |  |
|  |  |

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