

# In-Room Mini Bar Daily Replenishment Checklist

Room Number: \_\_\_\_\_

Date: \_\_\_\_\_

Attendant: \_\_\_\_\_

## Items Checklist

| Item | Par Stock | Quantity After Replenishment | Remarks |
|------|-----------|------------------------------|---------|
|      |           |                              |         |
|      |           |                              |         |
|      |           |                              |         |
|      |           |                              |         |
|      |           |                              |         |
|      |           |                              |         |
|      |           |                              |         |

## Comments / Notes

Attendant's Signature

Supervisor's Signature