

Guest Laundry Service Order Form

Guest Name

Room Number

Contact Number

Date

Laundry Items

| Item | Quantity | Service Type |
|--------------|----------------------|----------------------|
| Shirt/Blouse | <input type="text"/> | <input type="text"/> |
| Trousers | <input type="text"/> | <input type="text"/> |
| Dress | <input type="text"/> | <input type="text"/> |
| Other | <input type="text"/> | <input type="text"/> |

Special Instructions

Signature