Hotel Name

G.I.A. REPORT - DEPARTMENT: Rooms Division

DATE:

Guest Name	RM NO #	Description	Action Taken	Amenity Sent (Svc. Recovery)	Action taken by	Next day Fllwp. By	Dep. Date
Lost and Found	None		Checked By :				

Front Office Manager

Compiled by : Date: Signature : _____

Front Office Manager

Date : Signature : _____

Acknowledged By :

Resort Manager

Date: Signature : _____