Business Center Daily Control

Please File this copy and report any issue

Any Comment_____

- [ ] Mouse Pad
- [ ] Printer Test
- [ ] Mouse
- [ ] Computer On
- [ ] Chair on Correct Position
- [ ] Desk Clean
- [ ] Printer Paper
- [ ] Time of the Control :
- [ ] Clerk Or Manager Name:
- [ ] Clerk Or Manager Signature :_____

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