



MOVING INVENTORY CHECKLIST

LIVING ROOM

<input type="checkbox"/> Sofa(s)	<input type="checkbox"/> Bookcase	<input type="checkbox"/> Mirror(s)	<input type="checkbox"/> Pictures
<input type="checkbox"/> Coffee table	<input type="checkbox"/> TV Stand	<input type="checkbox"/> Recliner	<input type="checkbox"/> Curtains
<input type="checkbox"/> End table	<input type="checkbox"/> Armchair	<input type="checkbox"/> Cabinet	<input type="checkbox"/> _____
<input type="checkbox"/> Rug	<input type="checkbox"/> Cuddle chair	<input type="checkbox"/> Shelves	<input type="checkbox"/> _____
<input type="checkbox"/> TV	<input type="checkbox"/> Stero	<input type="checkbox"/> Lamps	<input type="checkbox"/> _____

2ND RECEPTION

<input type="checkbox"/> Cabinet	<input type="checkbox"/> lighting	<input type="checkbox"/> Mirror	<input type="checkbox"/> _____
<input type="checkbox"/> Dining table	<input type="checkbox"/> Rug	<input type="checkbox"/> Desk	<input type="checkbox"/> _____
<input type="checkbox"/> Chairs	<input type="checkbox"/> Shelves	<input type="checkbox"/> Curtains	<input type="checkbox"/> _____
<input type="checkbox"/> China	<input type="checkbox"/> Pictures	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Computer	<input type="checkbox"/> Lamp	<input type="checkbox"/> _____	<input type="checkbox"/> _____

KITCHEN

<input type="checkbox"/> Table	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Pots/Pans	<input type="checkbox"/> _____
<input type="checkbox"/> Chairs	<input type="checkbox"/> Cabinet	<input type="checkbox"/> Curtains	<input type="checkbox"/> _____
<input type="checkbox"/> Microwave	<input type="checkbox"/> Wine rack	<input type="checkbox"/> Blinds	<input type="checkbox"/> _____
<input type="checkbox"/> Fridge	<input type="checkbox"/> Toaster	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Stools	<input type="checkbox"/> Shelves	<input type="checkbox"/> _____	<input type="checkbox"/> _____

BEDROOM 1

<input type="checkbox"/> Bed	<input type="checkbox"/> Vanity	<input type="checkbox"/> Mattress	<input type="checkbox"/> _____
<input type="checkbox"/> Armoire	<input type="checkbox"/> Bedding	<input type="checkbox"/> Chair	<input type="checkbox"/> _____
<input type="checkbox"/> TV	<input type="checkbox"/> Dresser	<input type="checkbox"/> Wardrobe	<input type="checkbox"/> _____
<input type="checkbox"/> Headboard	<input type="checkbox"/> Lamp	<input type="checkbox"/> Shelves	<input type="checkbox"/> _____
<input type="checkbox"/> Rocker	<input type="checkbox"/> Night stand	<input type="checkbox"/> Curtains	<input type="checkbox"/> _____

BEDROOM 2

<input type="checkbox"/> Bed	<input type="checkbox"/> Vanity	<input type="checkbox"/> Mattress	<input type="checkbox"/> _____
<input type="checkbox"/> Armoire	<input type="checkbox"/> Bedding	<input type="checkbox"/> Chair	<input type="checkbox"/> _____
<input type="checkbox"/> TV	<input type="checkbox"/> Dresser	<input type="checkbox"/> Wardrobe	<input type="checkbox"/> _____
<input type="checkbox"/> Headboard	<input type="checkbox"/> Lamp	<input type="checkbox"/> Shelves	<input type="checkbox"/> _____
<input type="checkbox"/> Rocker	<input type="checkbox"/> Night stand	<input type="checkbox"/> Curtains	<input type="checkbox"/> _____

BEDROOM 3

<input type="checkbox"/> Bed	<input type="checkbox"/> Vanity	<input type="checkbox"/> Mattress	<input type="checkbox"/> _____
<input type="checkbox"/> Armoire	<input type="checkbox"/> Bedding	<input type="checkbox"/> Chair	<input type="checkbox"/> _____
<input type="checkbox"/> TV	<input type="checkbox"/> Dresser	<input type="checkbox"/> Wardrobe	<input type="checkbox"/> _____
<input type="checkbox"/> Headboard	<input type="checkbox"/> Lamp	<input type="checkbox"/> Shelves	<input type="checkbox"/> _____
<input type="checkbox"/> Rocker	<input type="checkbox"/> Night stand	<input type="checkbox"/> Curtains	<input type="checkbox"/> _____

BATHROOM

<input type="checkbox"/> Cabinet	<input type="checkbox"/> Curtains	<input type="checkbox"/> Fixtures	<input type="checkbox"/> _____
<input type="checkbox"/> Mirror	<input type="checkbox"/> Blinds	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Bin	<input type="checkbox"/> Towels	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Bath mat	<input type="checkbox"/> Toiletries	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Laundry hamper	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

GARAGE / OTHER

<input type="checkbox"/> Tools	<input type="checkbox"/> Power tools	<input type="checkbox"/> Gym equip	<input type="checkbox"/> _____
<input type="checkbox"/> Patio Table	<input type="checkbox"/> Bins	<input type="checkbox"/> Piano	<input type="checkbox"/> _____
<input type="checkbox"/> Patio Chairs	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Iron board	<input type="checkbox"/> _____
<input type="checkbox"/> Bikes	<input type="checkbox"/> Sports gear	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Lawnmower	<input type="checkbox"/> Washer/dryer	<input type="checkbox"/> _____	<input type="checkbox"/> _____