

Inventory Deficit Adjustment Application

Date of Submission: _____
Department/Section: _____
Applicant Name: _____
Employee ID: _____
Contact Number: _____

Deficit Inventory Details

Item Code	Item Name	Unit	Recorded Balance	Actual Quantity	Deficit Amount	Reason(s) for Deficit
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Description of Investigation

Proposed Adjustment

Adjustment Type: Write-off Charge to Employee Other: _____

Remarks/Comments:

Applicant Signature

Supervisor/Manager

Inventory/Accounts Dept.

Important Notes

- This form must be completed and approved before any inventory deficit can be adjusted in official records.
- Attach supporting documents, such as stock take reports or investigation findings.
- Any intentional misstatement may be subject to disciplinary action.
- Ensure all relevant personnel sign and date before submission.
- Keep a copy of this application for departmental records.