

Inventory Loss Adjustment Request Form

Basic Information

Date of Request

Requestor Name

Department

Inventory Location

Loss Details

Item Code	Description	UOM	Quantity Loss	Unit Cost	Total Loss Value	Loss Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div>Select</div>

Loss Summary / Explanation

Approval

Supervisor/Manager

Date

Remarks

Important Notes

- This form must be completed honestly and accurately for any adjustment to inventory records due to loss.
- Attach supporting documents where applicable (e.g., incident reports, photos).
- Unauthorized or incomplete forms may result in rejection of the adjustment request.
- All requests must be reviewed and approved by the designated authority.