

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="button" value="Select ▾"/> |

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.