

ITEM ID	DESCRIPTION	CATEGORY	QTY ON HAND	UNIT COST	TOTAL VALUE	DAYS IDLE	ASSESSMENT STATUS	RECOMMENDED ACTION	SIGN-OFF
Total:									

PREPARED BY (INVENTORY CUSTODIAN)

Date: _____

REVIEWED BY (OPERATIONS/WAREHOUSE MGR)

Date: _____

APPROVED BY (FINANCE/CONTROLLER)

Date: _____