INVENTORY WRITE-OFF AUTHORIZATION FORM

Company Name: _____ **Date of Request:** _____

Department: _____ **Document No:** _____

Requested By: _____ **Location/Whse:** _____

ITEMS FOR WRITE-OFF

Item SKU / Code	Description	Qty	Unit Cost	Total Value	Reason Code
Total Write-Off Value:					

JUSTIFICATION & DISPOSAL METHOD

AUTHORIZATION SIGNATURES

Prepared By (Requestor)
Name:
Date:

Reviewed By (Inventory/QA)
Name:
Date:

Approved By (Authorized Manager)
Name:
Date: