DIXANI - INVENTORY ADJUSTMENT FORM

Company / Business: _____	**Warehouse / Location: _____**	**Adjustment Date: _____**	**Reference No.: _____**
Prepared By: _____	**Reviewed By: _____**	**Approved By: _____**	**Adjustment Type: _____**

#	SKU / Item Code	Description	Location / Bin	UOM	System Qty	Verified Qty	Adj. Qty	Unit Cost	Adj. Value	Reason Code	Remarks
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Root Cause / Investigation Summary	
Corrective Action	
Preventive Action	
Supporting Reference / Evidence	

Prepared By / Signature	Reviewed By / Signature	Approved By / Signature