DIXANI - DAMAGE / WRITE-OFF FORM

Damaged, expired, obsolete, lost or rejected inventory review and authorization

Write-Off No.		Report Date		Warehouse / Branch		Incident / Ref. No.		Reported By	
Department		Review Date		Cost Center / Project		Priority		Approver	

#	SKU / Item	Description	UOM	Location	Batch / Lot	Expiry	Qty	Unit Cost	Write-Off Value	Reason	Condition	Incident Ref.	Disposal	Approval	Investigation / Action	Remarks
1																
2																
3																
4																
5																
6																
7																
8																
9																

Physical qty verified	Yes / No / N/A	Reason verified	Yes / No / N/A	Cost verified	Yes / No / N/A	Evidence attached	Yes / No / N/A
System stock checked	Yes / No / N/A	Approval obtained	Yes / No / N/A	Disposal witnessed	Yes / No / N/A	System adjustment posted	Yes / No / N/A

INVESTIGATION SUMMARY / ROOT CAUSE / CORRECTIVE ACTION

Reported By	Reviewed By	Approved By	Disposal / Closure Verified
Name / Signature: _____	Name / Signature: _____	Name / Signature: _____	Name / Signature: _____
Date / Time: _____	Date / Time: _____	Date / Time: _____	Date / Time: _____

Operational template only. Adapt write-off authorization, disposal, safety, accounting and inventory-adjustment controls to your organization's policies and applicable requirements.