

# Retail Inventory Movement Authorization Document

Document No.

Date

Store / Location

Prepared By

Department

Movement Type

Select

## Inventory Items

Item Code	Description	Unit	Quantity	From Location	To Location	Remarks
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						

Purpose / Reason for Movement

Requested By

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Checked By

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Authorized By

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Received By

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Note: This document serves as official authorization for inventory movement. Ensure all fields are completed accurately.