

Stock Write-Off Authorization Form

Form No.

Date

Department

Reason for Write-Off

Item Code	Item Description	Batch / Lot No.	Quantity	Unit of Measure	Unit Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prepared By

Checked By

Authorized By

Received By