

Stock Refill Verification Checklist

Date _____

Verified By _____

Location _____

Department _____

Checklist

NO.	ITEM NAME	STOCK BEFORE	REFILLED QTY	STOCK AFTER	CHECKED	REMARKS
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____

General Remarks

Enter any general remarks here...

Checked By: _____

Signature: _____