

# Expired Product Inventory Adjustment Form

Date

Facility / Location

Prepared By

#	Product Name	Product Code	Batch / Lot No.	Expiry Date	Qty	Unit	Remarks

Reason / Additional Notes

Prepared By

Date: \_\_\_\_\_  
Reviewed By

\_\_\_\_\_

Date: \_\_\_\_\_  
Approved By

\_\_\_\_\_

Date: \_\_\_\_\_