

Retail Outlet Price Adjustment Approval Memorandum

To:

From:

Date:

Subject:

Request for Price Adjustment Approval

A. Outlet Details

Outlet Name:

Location:

Outlet Code:

B. Item(s) for Price Adjustment

Item Code	Description	Current Price	Proposed Price	Reason for Adjustment

C. Justification & Remarks

Effective Date of Adjustment: YYYY-MM-DD

Prepared By
Name & Position

Reviewed By
Name & Position

Approved By
Name & Position