

# Inter-Store Stock Transfer Authorization

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Transfer No.: \_\_\_\_\_

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

From Store: \_\_\_\_\_

To Store: \_\_\_\_\_

#	Item Code	Description	Quantity	UOM	Remarks

Notes:

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Prepared By

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Authorized By

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Received By