

# Departmental Shrinkage Audit Form

**Department**

**Auditor**

**Date**

**Audit Period**

e.g. 01/2024 - 03/2024

**Shrinkage Summary**

Item	Expected Qty	Actual Qty	Variance	Notes
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

**Suspected Cause(s) of Shrinkage**

**Corrective Action(s) Recommended**

**Auditor Signature**

**Supervisor Signature**

**Date**

