

Departmental Shrinkage Audit Form

Department

Auditor

Date

Audit Period

e.g. 01/2024 - 03/2024

Shrinkage Summary

| Item | Expected Qty | Actual Qty | Variance | Notes |
|-------------|--------------|-------------|-------------|-------------|
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Suspected Cause(s) of Shrinkage

Corrective Action(s) Recommended

Auditor Signature

Supervisor Signature

Date

