

# Work-in-Progress Inventory Audit Form

Date

Auditor Name

Department

Location/Area

Reference #

#	Item Description	Batch/Job No.	Quantity Unit	Recorded Qty	Counted Qty	Variance	Remarks
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General Observations / Notes

Auditor Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_