

MONTHLY WAREHOUSE INVENTORY AUDIT

Form Ref: AUD-2024-REV1

WAREHOUSE LOCATION: _____

AUDIT DATE: _____

AUDITOR NAME: _____

V	SKU/ID	ITEM DESCRIPTION	SYSTEM QTY	PHYSICAL QTY	VARIANCE	CONDITION
	#10042	Industrial Power Drill - Model X	45	_____	_____	<input type="checkbox"/> Good <input type="checkbox"/> Damaged
	#10058	Heavy Duty Steel Bolts (Box 50)	120	_____	_____	<input type="checkbox"/> Good <input type="checkbox"/> Damaged
	#20114	Safety Goggles - Anti-Fog	300	_____	_____	<input type="checkbox"/> Good <input type="checkbox"/> Damaged
	#20119	Reflective High-Vis Vests	85	_____	_____	<input type="checkbox"/> Good <input type="checkbox"/> Damaged

Notes / Discrepancy Remarks:

Supervisor Signature

Inventory Manager Signature