

STOCK LEVELS TRACKING

Warehouse Location: _____

Date: ____ / ____ / 20____
Inspector: _____

SKU / PART #	ITEM DESCRIPTION	UNIT	MIN LEVEL	ON HAND	IN TRANSIT	NOTES
W-992-BX	Standard Shipping Box (Large)	Pack/25	50			

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Verification Signature: _____ Page ____ of ____