

Retail Store Equipment Allocation Form

Store Name

Store ID

Location

Manager Name

Date

Equipment Allocation Details

Equipment Name	Quantity	Serial/Asset Number	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"/>

Additional Notes