

Grocery Store Inventory Movement Request Form

Request Date

Requested By

Department

From Location

To Location

Reason for Movement

Inventory Items

Item Name	SKU / Code	Quantity	Unit
<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"/>

Approved By

Approval Date

Remarks