Reversal of Over-Received Inventory Form

| Request Date | | | | |
|-----------------------|-----------------|--------------|-------------|-------------------|
| | | | | |
| Requested By | | | | |
| | | | | |
| Department | | | | |
| | | | | |
| Purchase Order Number | | | | |
| | | | | |
| Supplier | | | | |
| | | | | |
| | I | | | |
| Item Description | SKU / Item Code | Qty Received | Qty Ordered | Over-Received Qty |
| | | | | |
| Reason for Reversal | | | | |
| | | | | |
| | | | | |
| Contact Person | | | | |
| | | | | |
| Additional Notes | | | | |
| Additional Notes | | | | |
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