

# Inventory Movement Authorization

## REQUEST DETAILS

Request Date

Request No.

Requested By

Department

Contact

## MOVEMENT INFORMATION

Movement Type

From Location

To Location

Planned Date

Remarks

## INVENTORY ITEMS

No	Item Code	Description	Quantity	UOM	Batch/Serial No.	Remarks

## AUTHORIZATION

Requested By

Date:

Reviewed By

Date:  
Authorized By

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Date: