

# 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

---

Date: