

Inventory Audit Checklist for Business Supplies

Date of Audit:

YYYY-MM-DD

Auditor Name:

Full Name

Location/Department:

e.g. Main Office

#	Item Description	Item Code	Recorded Quantity	Actual Quantity	Condition	Remarks
1					Good/Fair/Damaged	
2					Good/Fair/Damaged	
3					Good/Fair/Damaged	

General Observations/Notes:

Auditor Signature:

Sign or type name