

Retail Inventory Checklist

Store Name: _____
Date: _____
Department: _____
Conducted By: _____

Inventory Items

#	Item Name/Description	SKU/ID	Location	Current Stock	Counted Stock	Variance	Notes
1							
2							
3							
4							
5							

General Notes

Prepared by:

Date: _____
Verified by:

Date: _____