

# 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:

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Date: \_\_\_\_\_  
Verified by: \_\_\_\_\_

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Date: \_\_\_\_\_