



INVENTORY ADJUSTMENT FORM

**Please tick the required transaction

COMPANY	
<input type="checkbox"/>	888 (PHN INDUSTRY SDN BHD)
<input type="checkbox"/>	882 (DRB-HICOM MECHATRONICS SDN BHD)

DATE ISSUE : _____
 CUT OFF DATE : _____
 YOUR REFERENCE NO : _____
 PLANT : _____

NO	PART NUMBER	PART NAME	LOT# (PLS ATTACH SNAP SHOT IF NECESSARY)	WAREHOUSE	ITEM GROUP	QTY(-)	QTY(+)	REMARKS
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								

JUSTIFICATION / INVESTIGATION :

- 1. PLEASE PROVIDE SCREEN CAPTURE FROM SYSTEM FOR VERIFICATION
- 2. ATTACH WITH SUPPORTING DOCUMENT(S) AND/OR REGISTRATION FORM (IF ANY)

CORRECTIVE ACTION :

DEPARTMENT / SECTION :

ASSISTANT/EXECUTIVE	SECTION HEAD	DEPARTMENT HEAD	GM OPERATION
NAME : DATE :	NAME : DATE :	NAME : DATE :	NAME : DATE :

FOR FIN & SALES DEPT USE ONLY

FOR IT DEPT USE ONLY

Notes:

Adj. Series :

CHECKED	VERIFIED	APPROVED
ASSISTANT / EXECUTIVE / HOS	HOD / HOF	HOC

NAME: _____ DATE: _____ NAME: _____ DATE: _____ NAME: _____ DATE: _____

APPROVED	PROCESSED	VERIFIED
DATE:	DATE:	DATE:

NAME: _____ DATE: _____ NAME: _____ DATE: _____ NAME: _____ DATE: _____