



Food and Nutrition Services
**Transfer / Spoilage / Damaged
Adjustments Form**

Date of Transaction: _____

Transaction Type: (Check the correct box)

☐ **Transfer**

From School _____ Mgr. Signature _____

To School _____ Mgr. Signature _____

☐ **Spoilage/Discarded/Damaged Product**

School _____ Mgr. Signature _____

☐ **Adjustment**

School _____ Mgr. Signature _____

Reason _____

(Error in taking inventory / stolen / etc.)

Item #	Item Description	Case Quantity	Split Quantity Can/Loaf/Sleeve	Case Price	* I = Increase D = Decrease

** Increase or Decrease must be indicated if transaction type is an adjustment.*

Remarks:
