

Appendix 3-7

REQUEST FOR PRODUCT TRANSFER

Item requested _____ Brand name _____

Size _____ Style _____ Quantity _____

Item description _____

Store No. _____ Dept. No. _____ Date _____

Store Address _____

Street

City

Province

Postal Code

Telephone (_____) _____

No of requested items on hand _____

Minimum stock required before transferred authorized _____

Transfer Authorized ☐ Yes ☐ No

Reason _____

Supervisor Signature

Employee Signature

Inventory adjustment _____

Package requirements _____