

# Damaged Merchandise

Number: \_\_\_\_\_ Week Ending: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Supervisors: \_\_\_\_\_

## Credit for Merchandise *Damaged Upon Delivery*

Product Code	Description of Merchandise	Initial	Quality Damaged	Unit Retail	Extended Retail
<b>Damaged Total</b>					

## Store Supplies

Date	Amount	Initial	Date	Amount	Initial	Date	Amount	Initial
<b>Store Supplies Total</b>								