

INVENTORY MOVEMENT INVOICE

Document No: _____

Date: _____

Movement Type: Transfer Sale Return

ORIGIN / SOURCE

Entity Name: _____

Location/Warehouse: _____

Contact Ref: _____

DESTINATION / RECIPIENT

Entity Name: _____

Location/Warehouse: _____

Contact Ref: _____

SKU / ITEM CODE	DESCRIPTION	UNIT	QUANTITY	CONDITION
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SKU / ITEM CODE

DESCRIPTION

UNIT

QUANTITY

CONDITION

NOTES / REMARKS

Authorized Dispatcher

Receiving Party