

EM-80

STATE OF OHIO DEPARTMENT OF TRANSPORTATION

Parts and Materials Adjustment Form

County/District _____ Date _____

State Stock Number _____ Manufacturer's Number _____

Description _____

Physical Quantity _____ Book _____ Unit Gain/Loss _____

Unit Cost _____ Cost Gain/Loss _____

Bin Location _____ Unit of Measure _____

Reason for Adjustment _____

I have completed an actual count of the above part(s). This is the correct amount that is in stock as of this date.

Signature

Superintendent/Supervisor Signature

Auditing Reviewer/Approval Signature

Signature of Employee Performing Adjustment on E.M.S.

Please Circle One
Approved / Disapproved

(Place Copy of Inventory Card Here)