

Alachua County Public Schools  
Food and Nutrition Services

**Transfer / Spoilage / Damaged / Adjustments Form**

Transaction Type: (Check the correct box)

Date of Transaction \_\_\_\_\_

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:
