

# Debit Memorandum Instructions

## WHAT IS THE PURPOSE OF THIS FORM?

The purpose of this form is to help efficiently keep accurate records of inventory. It is to be used with transferring products between locations as well as tracking details on damaged/distressed products.

## HOW TO USE THIS FORM WHEN TRANSFERRING PRODUCTS?

1. Fill in the date when Administrative staff requested transfer (Date)
2. Fill in your current store number (Store #)
3. Fill in the name of the person who is completing the debit memo (Paperwork Prepared By)
4. Fill in the table with the quantity, size, code number, and description
5. Fill in the information on where the product is going to as instructed (If transferred, product was moved from Store x to Store x)
6. Attach the form to the product(s) and you are finished

## HOW TO USE THIS FORM WHEN HANDLING BREAKAGE/DISTRESSED PRODUCTS?

***Note: This form needs to be completed and ready 8 days in advance of store inventory. Law Enforcement staff will visit all the stores and transfer all breakage/distressed products and deliver them to the office for verification and inventory adjustments.***

1. Fill in the date when completing monthly paperwork (Date)
2. Fill in your current store number (Store #)
3. Fill in the name of the person who found the breakage/distressed items (Merchandise Found By)
4. Fill in the name of the person who is completing the debit memo (Paperwork Prepared By)
5. Check the box that best associates how the products is. Make sure that only one box is checked and not multiple.
6. When relating to bottles that are not broken in the case, check the box that best associates how it was broken. If you check “employee breakage”, note that anything done by store staff will not reflect negatively on store staff.
7. Fill in the table with the quantity, size, code number, and description
8. Attach the forms together and give them to Law Enforcement Staff when collection occurs

## QUESTIONS?

Contact Angela Moss at 919.834.9128



1212 Wicker Drive - Raleigh, NC 27604 - 919.832.2726

# DEBIT MEMORANDUM

Date: \_\_\_\_\_ Merchandise Found By: \_\_\_\_\_

Store #: \_\_\_\_\_ Paperwork Prepared By: \_\_\_\_\_

THIS DEBIT MEMO IS ISSUED BY THE WAKE COUNTY ABC

FOR REASON(S) INDICATED BELOW

### CHECK ONLY ONE OF THE BOXES BELOW

<input type="checkbox"/>	1. Broken Bottle	<input type="checkbox"/>	6. Bottle not full
<input type="checkbox"/>	2. Damaged Cap	<input type="checkbox"/>	7. No label on bottle
<input type="checkbox"/>	3. Shorted In Case	<input type="checkbox"/>	8. Other ( _____ )
<input type="checkbox"/>	4. Leaking bottle	<input type="checkbox"/>	9. Return (please include additional paperwork)
<input type="checkbox"/>	5. Foreign matter in bottle		

If NOT broken in the case, was this?

- Customer Breakage
- Employee Breakage (note this will NOT reflect negatively against the store and/or the staff)

# Bottles	# Cases	Size	NC Code #	Description

IF TRANSFERRED, PRODUCT(S) WAS MOVED FROM STORE \_\_\_\_\_ TO STORE \_\_\_\_\_

TRANSPORTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



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