



Summary Sign off



Store Code & Name	NA
Location & City	NA
Current Audit Date	NA
Previous Audit Date	NA
Store Manager's Name & Contact No	NA
KGAC Audit Lead Name	NA

Variance Summary

Particular	Qty	Value
Total Book Stock	XXXXX	XXXXXXXX
Total Physicals	XXXXX	XXXXXXXX
Unresolved WBC	0	0
Unresolved Invalids	0	0
Pending Manual	0	0
Diff	XXXXXX	XXXXXXXX
Sales During Audit Period	XXXXX	XXXXXXXX
Shrinkage %	XXXXXX	XXXXXXXX

WBC / Damages in Store

Particular	Qty	Value	% of Physical Inventory
WBC	X	X	X%
Damages	X	X	X%

Inventory Accuracy

Particular	EAN Level	Item Code Level
Total Count	X	X
Total Mismatches	X	X
Accuracy	X%	X%

Audit Highlights

XXXXX Store Manager's Sign

KGAC Audit Lead's Sign
