FAB-17

INVENTORY ADJUSTMENT FORM

Effective January, 1993

DISTRIBUTOR: _____ DATE SUBMITTED

ADDRESS: _____ _____

_____

_____ PAGE _____ of_ ____

_____

CONTACT PERSON: _____ SIGNATURE: _____

Line	Quantity	Fabco Part #	Description	Approved Yes	Approved No	Net Each	Net Total
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
						Credit	

Attach and number additional forms as necessary.

Exchange Purchase Order # _____

Exchange Purchase Order Net Value: _____

FABCO-AIR Approval _____ Date _____

William R. Schmidt

Phone: (352) 373-3578
Fax: (352) 375-8024

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