Appendix E –PPTC491 Inventory Adjustment Form

The PPTC491 Inventory Adjustment Form is a required document for all instances where passport materiel is to be disposed of – whether physically or from SAP. The completed form is to be sent to PPCM-Planning for review and approval before any action to dispose of materiel can be taken. See example below, sections in red font are to be completed by the issuing office/print centre.

Passport Canada / Passeport Canada

Inventory adjustment form

Print form

Note: Sections A, B, D and H to be completed by custodian/requestor

Section A

Authorized employee	Location / Office name	Date (YYYY - MM - DD)
COMPLETE	**COMPLETE**	**COMPLETE**

Signature	Telephone No.	Fax No.
SIGN ONCE PRINTED	**COMPLETE**	**COMPLETE**

Comments/Explanation (Attach supporting documentation)

DESCRIBE REASON FOR ADJUSTMENT REQUEST

Section B – Reporting type (please check all that apply)

Return materiel authorization

☐ For replacement (Ink and laminate)

☐ For Credit note (Faulty and defective blank)

OR

Inventory adjustment

☐ Scrap/Write-off (Gratis/Spoil)

☐ Obsolete/Write-off

☐ Record adjustment

SELECT THE APPROPRIATE OPTION

Section C – Administration

P.O. No. (Original order)	Commodity type	
P.O. No. (Return)		No.
Movement type		name
Reason code	Re	CC owner

PPCM-PLANNING COMPLETES THIS SECTION

Section D – Details

Plant/ Sub Loc	MMR No. Stock No.	Description	* Serial No. (From)	* Serial No. (To)	Quantity	** Unit value	** Extended value
COMPLETE THIS SECTION							

* Please attach list if serial numbers are outside of range   Total ▶
** To be completed by PPCM

NOTE: IF SERIAL NUMBERS ARE A LIST AND NOT A RANGE, AN EXCEL ATTACHMENT MUST BE PROVIDED IN LIEU OF THE RANGE

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Section E – Approval

Management sign off

Name	Signature

PPCM-PLANNING COMPLETES THIS SECTION

Comments	

Section F – Financial approval (Only for write-off/down, as per delegat...)

Financial sign off

Director of Materiel Management (PPCM)

Name	Title	Signature

PPCM-PLANNING COMPLETES THIS SECTION

Comments	

Director of Finan...

Name	Signature

Comments	Date (YYYY - MM - DD)

Director General, Corporate Services and Human Resources (PPCD)

Name	Title	Signature

Comments	Date (YYYY - MM - DD)

Section G – System transaction details

☐ PASSAP (Materiel module)	Document/Reference number created

Name		Date (YYYY - MM - DD)

PPCM-PLANNING COMPLETES THIS SECTION

☐ COSMOS...	...ence number created

Name	Signature	Date (YYYY - MM - DD)

☐ IMS/CBN	Document/Reference number created

Name	Signature	Date (YYYY - MM - DD)

NOTE: DO NOT PROCEED WITH DISPOSAL UNTIL APPROVAL SECTIONS HAVE BEEN COMPLETED!

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Section G – System transaction details (Continued)

☐ EPPS/CBN	Document/Reference number created	
Name	**Signature**	**Date (YYYY - MM - DD)**

☐ Other tracking system (specify):	Document/Reference number created	
Name	**Signature**	**Date (YYYY - MM - DD)**

Section H – Physical disposal on site (if applicable)

Shredding reference number

Name		YYYY - MM - DD

Comments/Explanation (ple [COMPLETE THIS SECTION, IF DESTRUCTION ONSITE IS APPLICABLE] ill be disposed of)

COMPLETE THIS SECTION, IF DESTRUCTION ONSITE IS APPLICABLE

Section I – Physical disposal at vendor

Shredding reference number

Name	**Signature**	**Date (YYYY - MM - DD)**

Comments/Explanation (please attach **all related documentation** and provide details as to how the inventory will be disposed of)

Certification and witness of destruction (for passport materiel)

I certify that the inventory identified above was destroyed (shredded) by Canadian-based staff (CBS)		
Name of CBS (print)	Signature	Date (YYYY - MM - DD)
Destruction witnessed by		(YYYY - MM - DD)

COMPLETE THIS SECTION, IF DESTRUCTION ONSITE IS APPLICABLE

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