

**DLA Disposition Services Law Enforcement Support Office
Inventory Adjustment Request**

Date of the Request: _____

Requesting Agency:	ID:
Address:	
City, State, Zip:	
Phone:	
Requesting Agency Signature:	
State Coordinator or Federal Approval: YES NO	
Printed Name:	
Signature:	

Select reason from the following options (must choose one):

Additional Comments:

	Item Name	NSN/Serial #	File #	DTID	Requisition Number	DEMIL CODE	QTY TO BE REMOVED
FOR LARGE QUANTITY INVENTORIES, A SPREADSHEET MAY BE CREATED AND SUBMITTED WITH THIS TEMPLATE							
1							
2							
3							
4							
5							

LESO USE ONLY:

Adjustment Approved: YES NO Completed in LEEDS: YES NO

LESO OFFICIAL: _____ **DATE:** _____

Reason if Disapproved: _____