

# IDFPR / Biotrack Inventory Adjustment Request Form

\*\*Complete this form in its entirety and sign at bottom. Incomplete forms not be approved. Scan each manifest for all reported items. \*\*

**Approval of an inventory adjustment request shall not constitute a waiver of IDFPR enforcement discretion or constitute compliance with applicable law and rules governing the dispensing of cannabis.**

1. Dispensary Name: _____	2. Dispensary License Number 28_ . _____
3. Point of Sale system: _____	7. If yes, provide Police Phone # _____
4. Number of Discrepancies this Dispensary's license has experienced in the past 12 months: _____	8. If yes, provide the Police Report # _____
5. Was discrepancy due to Theft?    Yes        No	9. Was discrepancy reported to Cultivator?    Yes        No
6. If yes, was theft Reported to Police?    Yes        No	10. Was discrepancy reported to Biotrack?    Yes        No
	11. Was IDFPR notified?    Yes    No - If yes, when (date) and who notified: _____

12. Type of Discrepancy (Check and complete only <b>ONE</b> type):		Biotrack Sync Error Ticket #: _____	
Theft	Inventory deleted by adjustment	Inventory deleted by destruction	Incorrect entry in POS
Incorrect quantity on manifest	Voided sale that cannot be re-entered	Other _____	

### 13. List of Cannabis Products Involved in the Discrepancy

Name/Type	Strain and Dosage	Batch Number	Cultivator	Date of Discrepancy	Actual Amount on Hand	POS Inventory	Biotrack Inventory	Qty Difference (Each)
<b>Examples</b>								
Blue Arrow Pen	Sour Cherry 30mg	4905465409217802	ABC	01/01/2021	2	3	3	- 1
Flower	Yellow Stars 3.5g	9905072053266619	ABC	01/01/2021	10	11	11	- 1
Pink Balloon Pre-Roll	N.C. Slimer 5gm	2833658753439504	ABC	01/01/2021	25	24	24	+1
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

14. Describe how the discrepancy was discovered: (include names, dates, times, circumstances; scan additional sheets, if necessary)

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15. What security measures have been taken to prevent future discrepancies?

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16. Does this discrepancy impact patient's limit(s) or cause the State's Traceability System to be incorrect (Provide patient's QP number, when applicable)? If yes explain, scan additional sheets, if necessary:

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Anyone who knowingly signs a fraudulent document commits perjury as defined in Section 32-2 of the Criminal Code of 2012 and for the purpose of this Section shall be guilty of a Class A misdemeanor. (20 ILCS 2105/2105-25). I understand that by signing this form, I attest that all provided information, including scanned attachments therein are true and accurate.

Licensee's Printed Name: \_\_\_\_\_ Licensee's License Number \_\_\_\_\_

Licensee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_