



Product Audit Request Form

Vendor #

Vendor Name

Vendor Payment Type

Request Date

Category Manager Contact

Initiating party

Proposed Audit Date Range

Form must be submitted to CVS 45 days prior to proposed audit start date

Please attach documentation of SKU and Category of items that you intend to audit

DCs requested to enter

Type of audit being performed

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Goal of Audit

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CVS Only below this line

Date Approved

Approved by:

DCs Approved to schedule(and dates available)

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Approval Signatures:

Merchandise:

Store Ops(Store Audit):

Product Flow:

Logistics(DC Audit):