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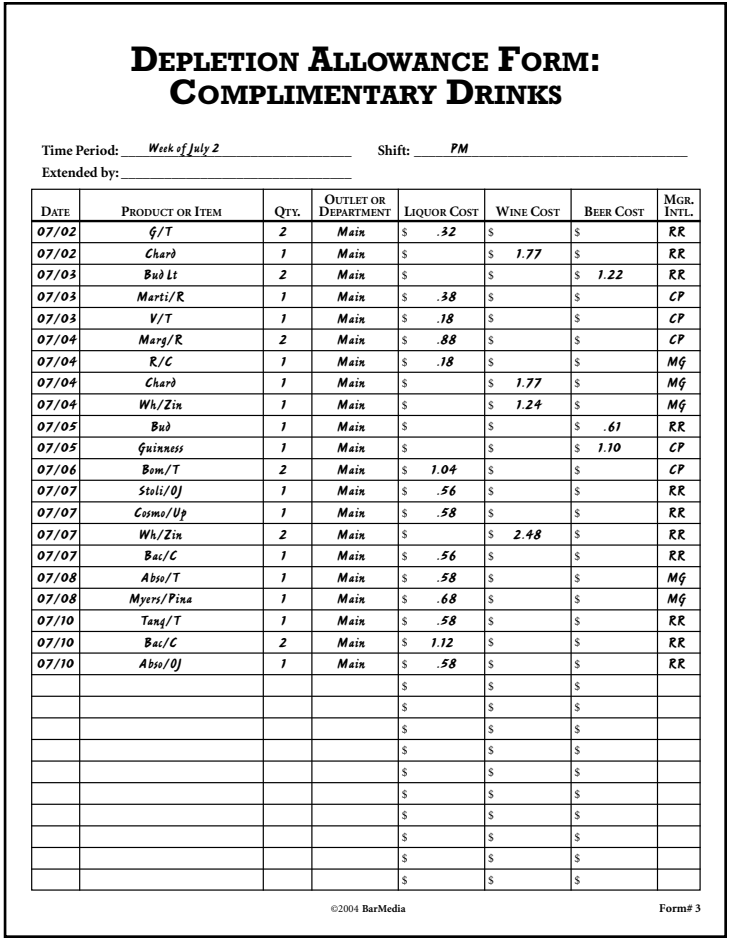
Depletion Allowance Form
— Complimentary Drinks

Type of form: Operational

This form is used to record cost information for liquor, beer, wine or other trackable inventory given away in complimentary drinks. The form is kept behind the bar for the bartenders to make note of any beverage products given away without a corresponding sale. Management or back office personnel typically fill in the form's beverage cost column. This form will provide information for several analytical forms. The depletion allowance forms are the fifth step of the inventory control system.

Use this form in conjunction with forms #1, 4, 5, 7, 8, 9, and 10 from *Successful Beverage Management Forms Booklet.*



Depletion Allowance Form: Complimentary Drinks

Time Period: Week of July 2 Shift: PM

Extended by:

Date	Product or Item	Qty.	Outlet or Department	Liquor Cost	Wine Cost	Beer Cost	Mgr. Intl.
07/02	G/T	2	Main	$ .32	$	$	RR
07/02	Chard	1	Main	$	$ 1.77	$	RR
07/03	Bud Lt	2	Main	$	$	$ 1.22	RR
07/03	Marti/R	1	Main	$ .38	$	$	CP
07/03	V/T	1	Main	$ .18	$	$	CP
07/04	Marg/R	2	Main	$ .88	$	$	CP
07/04	R/C	1	Main	$ .18	$	$	MG
07/04	Chard	1	Main	$	$ 1.77	$	MG
07/04	Wh/Zin	1	Main	$	$ 1.24	$	MG
07/05	Bud	1	Main	$	$	$ .61	RR
07/05	Guinness	1	Main	$	$	$ 1.10	CP
07/06	Bom/T	2	Main	$ 1.04	$	$	CP
07/07	Stoli/OJ	1	Main	$ .56	$	$	RR
07/07	Cosmo/Up	1	Main	$ .58	$	$	RR
07/07	Wh/Zin	2	Main	$	$ 2.48	$	RR
07/07	Bac/C	1	Main	$ .56	$	$	RR
07/08	Abso/T	1	Main	$ .58	$	$	MG
07/08	Myers/Pina	1	Main	$ .68	$	$	MG
07/10	Tanq/T	1	Main	$ .58	$	$	RR
07/10	Bac/C	2	Main	$ 1.12	$	$	RR
07/10	Abso/OJ	1	Main	$ .58	$	$	RR
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	

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Form# 3

Depletion Allowance Form: Complimentary Drinks

Time Period: _____ **Shift:** _____

Extended by: _____

Date	Product or Item	Qty.	Outlet or Department	Liquor Cost	Wine Cost	Beer Cost	Mgr. Intl.
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	
				$	$	$	

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