**Dream Dinners**

**Sales Adjustment – Request Form**

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| --- | --- |
| **Date:** |  |
| **Name:** |  |
| **Store Location:** |  |
| **Store Number:** |  |

| **Guest Name** | **Session Date** | **Session Time** | **Amount of Adjustment**  **(+ or -)** | **Reason for Adjustment** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
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**FOR HOME OFFICE USE ONLY:**

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Input: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_