

MATERIAL RETURNS

MATERIAL RETURNS NO. _____

Date _____

Buyer's Initials _____

SUPPLIER INFORMATION

Supplier _____ RMA# _____

Address _____

Salesperson _____ Phone _____

DEPARTMENT INFORMATION

P.O. Number _____ Line Item# _____ Quantity Returned _____

Department _____ Contact _____ Phone _____

Item Description _____

Reason for return _____

AMOUNT \$ _____

SHIPPING INFORMATION

Mail Code _____

No. of Boxes _____

SUPPLIER PICK - UP

Approximate Date _____

CALL TAG

SHIP AIRBORNE (Overnite)

OTHER _____

SHIP UPS

Ground

Third Day Select

Second Day

Next day

Insure - For \$ _____