



RETURNS AUTHORISATION FORM

**Refunds, credits & exchanges are contingent on receipt of this completed form
Please enclose with product returned**

Date: ___/___/___ Returns Authorisation Ref: _____

Name: _____ A/C # _____

Address: _____

Invoice #: _____ Your P.O. #: _____

Invoice Date: _____

Item/Code #	Description	Quantity Returned

CATEGORIES:

✓	Reason for Return:	Order was cancelled Order duplicated Arrived too late Damaged Error on invoice Wrong Item
	Other	Comments:

What would you like us to do?

- Replace with item of same type
- Issue Credit
- Exchange for different item, Details:
- Other, Details:

Internal Use only:

Stores Sig: _____ **Date:** ___/___/___ **Return books to stock: Yes / No**

AUTHORISED BY: _____ **Date:** ___/___/___

CREDIT NOTE #: _____ **INVENTORY JOURNAL DONE:** _____

PROCESSED IN SAP BY: _____ **Date:** ___/___/___