



# Return of Goods Form

**Vendor Information:**

Vendor Name:	<input type="text"/>	Vendor ID #:	<input type="text"/>
RMA #	<input type="text"/>	Vendor Invoice#:	<input type="text"/>
Address:	<input type="text"/>	Country:	<input type="text"/>
	<input type="text"/>	Phone #:	<input type="text"/>
City:	<input type="text"/>		
Prov/State:	<input type="text"/>	Postal/Zip:	<input type="text"/>
Contact:	<input type="text"/>		

**Reason for Return of Goods:**

- Damaged  
  Over Shipped  
  Wrong Item  
  Outdated  
  Not Ordered

Other (Please explain):

**Shipped Via:**

Courier:       Waybill #:

**Product Information:**Purchase Order #: **P**Receiving #: **Y**

FOAP:

- Process Credit/Refund       Process Exchange/Replacement

Quantity	Description	Unit Price	Extended Price

Authorized Signature:

Date: