

# Returns Form

Customer Name: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

Returned By: Sales Rep  Courier  Engineer

Sales Order Number: \_\_\_\_\_

Date Return Requested: \_\_\_\_\_

Date Returned to Warehouse: \_\_\_\_\_

Product Code	Description	Qty	Batch/Serial Number	Expiry Date	Condition

Reason for Return:  
 \_\_\_\_\_  
 \_\_\_\_\_

Further Action Required:  
 \_\_\_\_\_

Customer Signature: \_\_\_\_\_

**Warehouse**

Received By: \_\_\_\_\_

Checked By: \_\_\_\_\_