

Return Authorization Form

	R.A. #
	Date
	Department

SOLD TO: Name: Address: Phone/Fax:	RETURNED TO: Name: Address: Phone/Fax:
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Our Invoice #	Your P.O. #	Our Invoice Date	Date Returned Goods Received	OTHER	Terms

Quantity Ordered	Item #	Description	Number Returned	Unit Price	Total

<input checked="" type="checkbox"/>	Reason for Return:		Subtotal
	Overstock	COMMENTS:	
	Order was cancelled		CREDIT ISSUED FOR
	Order duplicated		_____
	Arrived too late		
	Damaged		
	Error on Invoice		NO CREDIT WILL BE
	Wrong Item		ISSUED
	Other:		(circle if applicable)
			SalesTax
			Restocking Fee
			Other
			TOTAL \$

Date:	Authorized By:
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