

RETURNS REQUEST FORM



Customer Name

RA#

Contact Person

Contact H/P No

Date

PRODUCT CODE	DESCRIPTION	UOM	QTY	REASON (A,B,C,D)

OFFICE USE ONLY		
QTY REC'D	BATCH NO	ACTION

Disposed: (Tick if approved by STH)

Received By:

Received Date:

- Note:
1. All details must be filled in except for shaded boxes
 2. UOM is in UNIT or CTN
 3. Reason for returns : A=Expired B=Broken C=Defective D=Others (Good)