

# Retail Product Return Approval Document

## Return Information

Document No.: \_\_\_\_\_

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

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

Contact No.: \_\_\_\_\_

Address: \_\_\_\_\_

Original Purchase  
Invoice No.: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

## Product(s) to be Returned

No.	Product Name	Product Code	Qty	Reason for Return
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

## Approval

Approval Status:      ☐ Approved    |    ☐ Rejected

Comments: \_\_\_\_\_

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

\_\_\_\_\_  
Authorized By  
Date: \_\_\_\_\_