

# Retail Goods Return Approval Request

## Requester Information

Name

Department/Store

Date of Request

## Return Details

Supplier / Vendor

Reason for Return

## Goods to be Returned

Item Name / Description	SKU / Item Code	Quantity	Unit	Condition

## Additional Comments

Requested By

(Signature & Name)

Approved By

(Signature & Name)

Date

(Approval Date)