

Supplier Return Goods Authorization

Return No.

Date

Supplier Name

Supplier Contact

Purchase Order No.

RMA Number (if applicable)

Return Address

Contact Person

Contact Phone/Email

Returned Items

No.	Item Code / SKU	Description	Qty	Unit	Reason for Return

Remarks

Prepared By

Date: _____

Approved By

Date: _____
Supplier Acknowledged

Date: _____

