

# Unwanted Product Return Authorization

**Retail Location Name:**

**Store Number / ID:**

**Address:**

**Contact Name:**

**Contact Phone:**

## Return Details

**Date of Request:**

**Vendor / Supplier:**

**Reason for Return:**

## Product(s) to Return

Product Name/Description	SKU / ID	Quantity	Condition	Comments

**Additional Notes:**

**Prepared By:**

**Date:**

**Store Manager Approval:**

**Date:**