

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
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Additional Notes:

Prepared By:

Date:

Store Manager Approval:

Date:
