

# Reverse Logistics RMA Checklist Form

RMA Number:

Customer Name:

Company:

Product Model / SKU:

Serial Number:

Date Received:

Received By:

## Condition Upon Receipt

- Packaging Intact
- Physical Damage
- Label/Serial Correct
- All Accessories Included
- Product Clean

## Required Documentation

- RMA Form Provided
- Invoice/Proof of Purchase
- Other (specify below)

## Notes / Comments

Received By (Signature):

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Date:

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Inspected By (Signature):

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Date:

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