

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):

Date:

Inspected By (Signature):

Date:
