

# Authorized Goods Return Document

No: \_\_\_\_\_  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Reference: \_\_\_\_\_

## Customer / Receiver Information

Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_

## Returned Goods Details

No.	Item Description	Quantity	Unit	Reason for Return	Remarks
1					
2					
3					

## Notes / Additional Information

\_\_\_\_\_  
Prepared By  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Approved By  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Customer/Receiver  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_