

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: ____ / ____ / ____