

Faulty Product Return Approval

Date: _____

Customer Information

Name	_____
Order Number	_____
Contact	_____
Email	_____

Product Details

Product Name	_____
Product Code	_____
Quantity	_____
Purchase Date	_____

Reason for Return

Inspection Notes

Approval Status

Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approval Date	_____
Remarks	_____

Inspected By

Approved By