

Reverse Logistics Return Order

Order Information

Return Order No.

Return Date

Original Order No.

Warehouse

Customer Information

Customer Name

Contact Number

Return Address

Return Details

Item Code	Description	Qty	UOM	Reason for Return	Condition	Notes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Remarks

Prepared By

Approved By

Date Approved