

RETURNED MATERIAL AUTHORIZATION

TAKEN OFF PROFIT _____ **DATE COMPLETE** _____

RCVD: _____ **CREDIT#** _____

Date: _____ RMA # _____

Customer: _____ Invoice # _____

Date of invoice: _____

Qty: _____ @\$ _____ Mfg: _____ Part: _____

Reason for return: _____

Total Amount \$ _____

RETURN TO VENDOR INFORMATION:

Vendor: _____ RTV#: _____

Date of P.O. _____ P.O. _____

Qty: _____ @\$ _____ Mfg: _____ Part: _____

Shipper # _____ Terms _____

Total Amount \$ _____

RETURN TO: _____

CREDIT MEMO/CK# ISSUED _____

Manager: _____