



RETURNED MERCHANDISE REPORT

VENDOR _____	BUYER/
ADDRESS _____	CARDHOLDER _____
_____	DEPARTMENT _____
_____	CREDIT CARD
PHONE _____	ACCOUNT # _____
VENDOR	DEPARTMENT
CONTACT _____	ACCOUNT # _____
P.O./	
TRANSACTION # _____	

ITEM DESCRIPTION	STATE PROPERTY NUMBER	QUANTITY	UNIT PRICE	TOTAL

REASON FOR RETURN	
ACTION TAKEN	

SHIPPED VIA:	DATE PICKED UP _____
<input type="checkbox"/> UPS <input type="checkbox"/> COMMON CARRIER	SIGNATURE _____
<input type="checkbox"/> RPS <input type="checkbox"/> VENDOR P/U	PRINT NAME _____
<input type="checkbox"/> FED-EX <input type="checkbox"/> OTHER _____	TRACKING # _____
<input type="checkbox"/> AIRBORNE	
RMA # _____	

WRITTEN BY _____

DATE _____