

Contact Information

Company Name			RMA No.	
Primary Contact			Authorized By	
Address			Date	
City		State	Zip	Fax

Type: Repair Exchange Credit Other_____

	Part No.	QTY.	Description	Serial No.	Invoice #/Date	Reason for Return	QC Result
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Notes

RMA RECEIVED	COMPLETED DATE	ACCOUNTING APP'D	SHIP OUT