

# INVENTORY REFUND REQUEST

Request #: \_\_\_\_\_

Date: \_\_\_\_\_

PO Reference: \_\_\_\_\_

FROM (VENDOR/SUPPLIER)

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[Name]

[Street Address]

[City, State, Zip]

[Contact Email/Phone]

BILL TO (PURCHASER)

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[Name]

[Street Address]

[City, State, Zip]

[Contact Email/Phone]

SKU / Item #	Description	Reason for Return	Qty	Unit Price	Total
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<hr/>					
<hr/>					
<hr/>					
<hr/>					
<hr/>					
<hr/>					
<hr/>					
<hr/>					
<hr/>					

Subtotal: \$0.00

Restocking Fee: (\$0.00)

Tax Adjustment: \$0.00

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**Refund Amount: \$0.00**

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**NOTES / INSTRUCTIONS**

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Refund to be issued via [Method] within [Number] business days of receiving returned inventory. All items must be in original packaging unless marked as defective.