

# INVENTORY RETURN REFUND

Invoice #: \_\_\_\_\_

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

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**Manufacturer / Vendor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

**Bill To / Customer:**

Name: \_\_\_\_\_

RMA Number: \_\_\_\_\_

Original PO #: \_\_\_\_\_

Part / SKU #	Description	Qty Returned	Unit Price	Restocking Fee	Total Refund

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

Shipping Credit: \$ \_\_\_\_\_

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**Total Refund: \$ \_\_\_\_\_**

**Reason for Return:**

Defective/Damaged   Excess Stock   Incorrect Item   Other: \_\_\_\_\_

Authorized Signature

Date