

INVENTORY REFUND

[Distributor Name]
[Address Line 1]
[City, State, Zip]

Refund #: _____
Date: _____
Original PO #: _____

REFUND TO (CUSTOMER)

REASON FOR RETURN

SKU / Item #	Description	Quantity	Unit Price	Restocking Fee	Total Refund
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Subtotal: \$ _____
Tax Adjust: \$ _____
Total Credit: \$ _____

Notes: Refund will be issued as Check Account Credit Original Payment Method.

Authorized Signature: _____ Date: _____