

SOLE PARTNER ITEM RETURN FORM

Individual Partner Return Authorization & Receipt

Partner Name:

Partner ID:

Contact Number:

Return Date:

Return Reference #:

Original Invoice #:

RETURNED ITEMS DETAILS

#	Item / SKU Code	Item Description	Qty	Condition	Reason for Return
1					
2					
3					
4					

ADDITIONAL REMARKS / NOTES

ACKNOWLEDGMENT & SIGNATURES

By signing below, the individual partner confirms that the items listed above are being returned in the stated condition. The receiving department acknowledges receipt of these items subject to final inspection and verification.

Partner Signature

Date: _____

Authorized Receiver Signature

Date: _____

Thank you for your partnership.