

Interstate Sales Return Form

Return Date:

RMA Number:

Original Inv No:

Original Inv Date:

Dispatch State:

Receiving State:

CUSTOMER DETAILS (BILL TO)

Company Name:

GSTIN/Tax ID:

Address:

State/Code:

Contact Person:

SELLER DETAILS (SHIP TO)

Company Name:

GSTIN/Tax ID:

Address:

State/Code:

Contact Person:

S.No	Item Description	HSN / SAC Code	Qty Returned	Unit Price	IGST %	Total Value

S.No	Item Description	HSN / SAC Code	Qty Returned	Unit Price	IGST %	Total Value
					Subtotal:	
					Total IGST:	
					Grand Total:	

REASON FOR RETURN

- Damaged in Transit
- Incorrect Item Shipped
- Defective / Quality Issue
- Duplicate Shipment
- Order Cancelled
- Other (Specify below)

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Authorized Customer Signature

Date: _____

Authorized Receiver Signature

Date: _____