

INTERSTATE SALES RETURN FORM

Out of State Transaction Adjustment

Return Date:

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Original Invoice No:

.....

Original Invoice Date:

.....

Credit Note No:

.....

Origin State:

.....

Destination State:

.....

CUSTOMER INFORMATION

Customer Name:

.....

Address:

.....

City, State, Zip:

.....

Tax Registration ID:

.....

Contact Person:

.....

Phone / Email:

.....

RETURNED ITEMS DETAILS

ITEM / SKU	DESCRIPTION	QTY	UNIT PRICE	TAX RATE	TOTAL
				Subtotal:	
				State Tax:	
				Total Refund:	

REASON FOR RETURN

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Empty rectangular box for stamp or header information.

Customer Signature

Authorized Signatory Approval