

AFFILIATE SALES RETURN

Intercompany Transaction Documentation

Return Auth No:	
Date:	
Original Invoice No:	

ORIGINATING AFFILIATE (RETURNER)

Entity Name	
Company Code	
Department	
Contact Person	

RECEIVING AFFILIATE (SELLER)

Entity Name	
Company Code	
Warehouse/Loc	
Contact Person	

RETURNED ITEMS DETAILS

ITEM / PART NO.	DESCRIPTION	QTY	UNIT PRICE	TOTAL AMOUNT	REASON CODE

Subtotal	
Restocking / Handling	
Tax Adjustment	
Total Credit Due	

REASON FOR RETURN & DISPOSITION INSTRUCTIONS

Authorized By (Originating Entity)

Name:

Title:

Date:

Accepted By (Receiving Entity)

Name:

Title:

Date: