

## INTERCOMPANY RETURN & ALLOWANCE

<b>Document No:</b>	
<b>Date:</b>	
<b>Original Invoice No:</b>	
<b>Original Invoice Date:</b>	

RETURNING ENTITY (BUYER)
<b>Company Name:</b>
<b>Department/Unit:</b>
<b>GL Account Code:</b>

RECEIVING ENTITY (SELLER)
<b>Company Name:</b>
<b>Department/Unit:</b>
<b>GL Account Code:</b>

### DETAILS OF RETURNED ITEMS / ALLOWANCE CLAIM

ITEM / SKU	DESCRIPTION OF GOODS / SERVICES	QTY	UNIT PRICE	TOTAL AMOUNT	REASON CODE

<b>Subtotal</b>	
<b>Taxes / Duties</b>	
<b>Total Credit</b>	

### REASON FOR RETURN / ALLOWANCE DEFINITION

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Defective / Damaged Goods        | <input type="checkbox"/> Incorrect Specification          | <input type="checkbox"/> Over-shipment         |
| <input type="checkbox"/> Pricing Error / Price Adjustment | <input type="checkbox"/> Transit Delay / Refused Delivery | <input type="checkbox"/> Other (Specify below) |

### AUTHORIZATION & APPROVALS

RETURNING ENTITY AUTHORIZED SIGNATORY

RECEIVING ENTITY AUTHORIZED SIGNATORY

\_\_\_\_\_  
Name:

Date:

Title:

Dept:

\_\_\_\_\_  
Name:

Date:

Title:

Dept:

**Processing Instructions:** Once both authorized parties have executed this document, the original copy must be forwarded to the Intercompany Finance and Accounting Team for matching, journal entry processing, and elimination reconciliation prior to period-end closing.