

INTRAGROUP SALES RETURN AUTHORIZATION

Intercompany Return Merchandise Authorization (RMA)

RMA Number: _____

Date of Request: _____

Original Invoice No: _____

Original Invoice
Date: _____

RETURNING ENTITY (BUYER)

Company Name: _____

Company Code: _____

Contact Person: _____

GL Account: _____

RECEIVING ENTITY (SELLER)

Company Name: _____

Company Code: _____

Contact Person: _____

GL Account: _____

RETURNED ITEMS & LOGISTICS DETAILS

| ITEM NUMBER | DESCRIPTION / REASON FOR RETURN | QTY | UNIT PRICE | TOTAL VALUE | CURRENCY |
|-------------|---------------------------------|-----|------------|-------------|----------|
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| | | | | | |
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INTERCOMPANY CLEARING & RECONCILIATION

Credit Memo Required: _____

Exchange Rate (if
applicable): _____

Inventory Status: _____

Tax Adjustment Required: _____

Shipping Cost Responsibility: _____

Reconciliation Period: _____

Authorized Signature - Returning Entity

Date: _____

Authorized Signature - Receiving Entity

Date: _____