

# INTERCOMPANY SALES RETURN REQUEST

Form No:  
Date:

Return Request No:		Date of Request:	
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## ENTITY INFORMATION

Returning Entity (Buyer):		Receiving Entity (Seller):	
Contact Person:		Contact Person:	
Department:		Department:	

## ORIGINAL TRANSACTION REFERENCE

Original Invoice No:		Original Invoice Date:	
Intercompany PO No:		Shipment/Delivery No:	

## ITEMS TO BE RETURNED

No.	Item Number	Description	Qty Sent	Qty Return	Unit Price	Total Amount
1						
2						
3						
4						

## REASON FOR RETURN

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## AUTHORIZATION & APPROVALS

Requestor Signature (Returning Entity)

Date:

Authorized Approval (Receiving Entity)

Date:

Finance Department Approval (Credit Memo Authorization)

Date:

Inventory Control / Warehouse Sign-off (Receipt Verification)

Date: