# LOCAL SALES RETURN AUTHORIZATION

Intrastate Transactions Only

**Authorization Number:**

**Authorization Date:**

**Original Invoice No:**

**Original Invoice Date:**

## SELLER INFORMATION (LOCAL)

**Company Name:**

**Address:**

**State / TIN / Reg No:**

**Contact Person:**

## BUYER INFORMATION (LOCAL)

**Customer Name:**

**Address:**

**State / TIN / Reg No:**

**Contact Person:**

## AUTHORIZED RETURNED ITEMS (INTRASTATE SALES ONLY)

| # | ITEM DESCRIPTION / SKU | QTY | UNIT PRICE | LOCAL TAX RATE | TOTAL AMOUNT |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | Subtotal: | |
| | | | | Local Tax: | |
| | | | | Total Credit: | |

## REASON FOR RETURN

## RETURN INSTRUCTIONS / TERMS

**Authorized Representative Signature**

**Date:**

**Customer Acknowledgment Signature**

**Date:**