DEFECTIVE MERCHANDISE & RETURNS LOG

DEPARTMENT / LOCATION

LOG BOOK VOLUME NO.

DATE PERIOD FROM

DATE PERIOD TO

DATE	REF / SLIP NO.	CUSTOMER / VENDOR	ITEM NO. / SKU	DESCRIPTION OF MERCHANDISE	QTY	REASON FOR RETURN / DEFECT	ACTION / DISPOSITION	AUTH. BY

Page No. _____

Verified By (Manager Signature)

Date Signed