**Goods Return Form**

No :
Date :
Supplier Code :
Supplier Name :
Address :
Telephone :
Contact Person :

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| **No** | **Item Code** | **Item Name** | **UOM** | **Qty** | **Reason for Returning Goods (\*)** | **Notes** |
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|  | Total |  |

(\*) DG – Damaged Goods, DO – Duplicate Order, IG – Incorrect Goods, …………………………………………..

Requested by : Date : Signature :

Approved by : Date : Signature :