

Materials Returns Form



To be faxed to head office BEFORE any goods are returned to warehouse

Returns No: (call head office for number)	
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Job No:		Date:	
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Customer Name:	
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Materials:	
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Colour:	
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Original Size(s): Length(s) x Width(s)	
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Fitted or Cut:	Yes/No	If Cut Number of Pieces:	
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Reason for return:

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Supplier:		Supplier Reference:	
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Authorised By:	
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Labour/Charges to Debit:	£
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Date returned to Warehouse:	
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Supplier Notified: (Date & Name)	
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Warehouse Notes or Comments

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NO GOODS TO BE RETURNED TO WAREHOUSE WITHOUT RETURNS NUMBER