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### Returns Form

Customer Name:	Customer Address:	Contact Name:
		Contact Number:

PSS Ref (if known): <input type="text" value="IWO"/>	Original PO Number:	Date Supplied: MM/YY
		Date Returned: DD/MM/YY

Item	Serial No/Part No	QTY
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Details of fault:

Contributory actions:

Action required:

Quote for repair  
  Repair on return  
  Return to stock  
  Replacement received

Returned by:

Action to be taken (to be completed by PSS)	
Comments:	Booked in by:
	Entered on database : <input type="text" value="IWO"/>
	Confirmation to customer by:
Returns Request Received by:	Date Received:
	Date Actioned: