|  |
| --- |
| **Goods Return Form** |
| **Date\*：** |
| **Requester\*** |  | **Department\*** |  |
| **Vendor\*** |  | **Vendor ID** |  |
| **Business Number\*** |  | **Phone\*** |  |
| **Contract Person\*** |  | **Fax** |  |
| **Address** |  |
| **Purchase Order Number** |  | **Purchase Date** |  |
| **Invoice Number** |  | **Invoice Date** |  |
| **Invoice Format** |  | **Invoice Handling** |  |
| **Warehouse** |  | **Shipping Method** |  |
| **Shipping Address** |  |
| **NO.** | **Product Name\*** | **Specifications\*** | **Quantity\*** | **Unit\*** | **Unit Price\*** | **Subtotal** | **Remarks** |
|  |  |  |  |  |  |  |  |
| **Return Amount** |  |  |
| **Tax Amount** |  |  |
| **Total** |  |  |
| **Other Remarks** |  |