

Company Name / Logo

Returned Goods Delivery Statement Form

Document No.: _____ Date: _____

Customer Name

Customer ID / Ref No.

Contact Person

Phone / Email

Address

Return Date

Original Delivery Note No.

Details of Returned Goods

No	Product/Item Name	Item Code	Quantity Returned	Unit	Reason for Return	Remarks
1						
2						
3						

Additional Remarks

Returned by:

Date: _____

Received by:

Date: _____
Checked by: _____

Date: _____

Important Notes

- This form must accompany all goods returned to ensure proper processing and credit.
- All returned items must be listed clearly with accurate quantity and reason for return.
- Goods must be received in original condition unless stated otherwise.
- Authorization may be required before processing some returns; check with your representative.
- Please retain a copy of this form for your records.