



Return Authorization Form

		R.A #	
		Date	
Name: Address:	Sold to:	Name: Address:	Returned to:
			RIIFO

Customer PO#:	BL#	Date Returned	Goods Received

RIIFO Product Number	Part Name/Description	Qty Returned	Qty Warehouse Received	Return Status

✓	Reason for Return	Comments
	Wrong Item	
	Overstock	
	Order duplicated	
	Damaged	
	Material is order incorrectly	
	Others:	

Date:	Authorized by: