

# Returned Merchandise Authorisation

## Customer

**Name:**

**Address:**

**State**

**Post code:**

**Phone:**

**INVOICE NO:**

| Date | Item | Description | Quantity | Unit Price       | Amount |
|------|------|-------------|----------|------------------|--------|
|      |      |             |          |                  |        |
|      |      |             |          |                  |        |
|      |      |             |          |                  |        |
|      |      |             |          |                  |        |
|      |      |             |          |                  |        |
|      |      |             |          |                  |        |
|      |      |             |          |                  |        |
|      |      |             |          |                  |        |
|      |      |             |          | <b>Sub-total</b> |        |
|      |      |             |          |                  |        |
|      |      |             |          |                  |        |
|      |      |             |          | <b>Total</b>     |        |

**Authorized By:**