



Report for Returning Products

Sent to: _____

Facility returning products: _____

Product Description	Quantity Returned	Expiry Date	Reason for Return

Name of person returning the products: _____ Date: _____ 20__

Signature of person returning the products: _____

Carrier

I CERTIFY THAT the above quantities for return were received by me on _____ (dd/mm/yy) except where explained below.

Name of Carrier _____ Signature _____

Comments: _____

Receiving Facility

I CERTIFY THAT the above quantities for return were received by me on _____ (dd/mm/yy) except where explained below.

Receiver's Name _____ Signature _____

Comments: _____

Carrier

I CERTIFY THAT the above quantities for return were received by me on _____ (dd/mm/yy) except where explained below.

Name of Carrier _____ Signature _____

Comments: _____