



TEMPLE RMA FORM		Page 1 of 2
RMA#:	Check if REPAIR <input type="checkbox"/>	
DATE:		
Original ORD#		
Customer PO#		
Billing Address (if different from shipping address)		
Company:		
Street Address:		
City/State/Zip:		
Contact:		
Email:		
Phone:		
Returned Via:		
NOTES:		

SHIPPING/CALL TAG ADDRESS
Company:
Street Address:
City/State/Zip:
Contact:
Email:
Phone:

RETURNING MATERIAL									
	QTY	Item# / Description	S/N Date Code	Problem	Warranty Y/N	RTN Code	Credit Price	Extended	Return Approved / Denied by
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

RETURN CODE Required (Record RTN CODE IN column above)		
01. Incorrect quantity	06. Product defective	11. Incorrect item ordered by customer
02. Incorrect material received	07. Shipment arrived late	12. Incorrect quantity ordered by customer
03. Purchased from other suppliers	08. Product differs from requirements or submittal	13. Non-functioning out-of-the-box (DOA)
04. Damaged Shipment	09. Related items not shipped	14. Repair & Return
05. Duplicate order	10. Customer not Satisfied	15. Other

Company: Street Address: City/State/Zip: Contact: Email: Phone:	
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QTY	Item#	Description	RTN Code	Unit Price	Extended Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Temple Office USE ONLY			
Restock Charge		Call tag issued by Temple	Return to Stock
Credit upon return & Review	Y N	Send Replacement	Warranty
Credit Amount:		From Temple from Vendor	Shipping Paid by:
List Comments below:			Temple Customer

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05. Duplicate order	10. Customer not Satisfied	15. Other