



# RETURN REVIEW SHEET (OFFICE USE ONLY)

RA #: \_\_\_\_\_ Customer Name: \_\_\_\_\_  
 Invoice # & Date: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Date Received: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Date Reviewed: \_\_\_\_\_ Order #: \_\_\_\_\_  
 Must Ship Date: \_\_\_\_\_ SPO/PLAIN STOCK/STOCK W/EMB: \_\_\_\_\_  
 Inspector: \_\_\_\_\_

PRODUCT RECEIVED					
Number	Style	Color	Size	Qty.	Comments
1					
2					
3					
4					
5					
6					
7					
8					

DEPARTMENT TRACKING			
Date	Qty.	Repair/Action Needed	Oper.

COMMENTS:

Freight Charges: \_\_\_\_\_