

VERNELL NEW YORK INC.

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Product Return Form

No :
 Date :
 Supplier Code :
 Supplier Name :
 Address :
 Telephone :
 Contact Person :

No	Item Code	Item Name	UOM	Qty	Reason for Returning Goods (*)	Notes
					Total	

(*) DG – Damaged Goods, DO – Duplicate Order, IG – Incorrect Goods,

Requested by: _____ Date: _____ Signature: _____
 Approved by: Ms. Kanjana Sarapee Date: Any Signature: *Kanjana Sarapee*