


GOODS RETURN FORM	DATE*	OUR ORDER N°	SALESPERSON	CUSTOMER ORDER N°
	CUSTOMER DETAILS*		SHIP TO*	
	CONTACT*		PHONE*	
DELIVERY INSTRUCTIONS	CIVILAB CONTACT NAME*		ORIGINAL INVOICE No*	
<u>DESCRIPTION & QTY OF RETURNED GOODS*</u>				
<u>REASON FOR RETURN*</u>				
<u>SIGNED:</u>				
PLEASE COMPLETE ALL SECTIONS WHERE THERE IS AN ASTERISK				