

Food and Beverage Goods Return Chain of Custody Form

Return Form Number:

Date:

Origin Location/Store:

Returned By:

Contact Number:

Received By (Logistics):

Transport Company/Vehicle ID:

Goods Returned

No.	Description	SKU/Code	Batch/Lot	Quantity	Unit	Reason for Return	Condition

Additional Notes/Comments:

Chain of Custody

Date/Time	Person Handling	Role/Department	Signature	Remarks

Returned By

Date:

Received By (Logistics)

Date:

Approved By

Date:
