

# E-commerce Returns Cross-Docking Transfer Form

Transfer Date

Transfer ID

Origin Warehouse

Destination Warehouse

Transporter Name

Vehicle Number

Handled By

Item SKU	Product Name	Quantity	Return Reason	Condition	Notes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Notes

Received By

Date Received