Unused Inventory Material Return Authorization Form

| Date | | | | |
|-----------------------|---------------|-----|-----|-------------------|
| Datum Daguart Na | | | | |
| Return Request No. | | | | |
| Requested By | | | | |
| Department / Project | | | | |
| | | | | |
| Contact | | | | |
| | | | | |
| Material(s) to Return | | | | |
| Item Description | Part/Item No. | UOM | Qty | Reason for Return |
| | | | | |
| Additional Comments | | | | |
| | | | | |
| | | | | |
| Requested By | | | | |
| Date: | | | | |
| Approved By | | | | |
| Date: | | | | |
| Warehouse Received By | | | | |
| Date: | | | | |