



PROTEC
G.T.

Boxed Wrong Returns Form

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This form must be completed in all applicable sections.

Account Code:	<input type="text"/>
Customer Name:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Date of Purchase:	<input type="text"/>
Invoice No:	<input type="text"/>
Date Received:	<input type="text"/>
Reported By:	<input type="text"/>

Part No.	Qty	Description

Details of Fault:

Inspection Results:

Office Use:

Name Of Supplier:	<input type="text"/>
Date Returned:	<input type="text"/>
Method of Return:	<input type="text"/>
Returns No.:	<input type="text"/>
Charged Pending Credit:	<input type="text"/>
Returned to Stock:	<input type="text"/>
Credit Note Number:	<input type="text"/>

Signed: _____