

DEBIT NOTE

RETURN TO SUPPLIERS DEFECT

Note Number:

Date:

Kind attn:

Company Name:

Address:

Purchase orders No:

Date:

Date of Receipt Material:

DESCRIPTION	PART NO	RECEIVED	REJECTED

PRODUCT NON CONFORMITY

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DEFECTIVE PRODUCT - FINAL DECISIONS

Return Note:

COSTING

Returned By:

Signature:

Date: