

# Returnable Material Register

Format No.:

PERIOD FROM "MM/DD/YYYY"		TO	
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Sr.No.	Tools / Equipment / Die etc.. Name	Identification Number	Department / Location / Area	by Order	Details of Issue			Details of Returned			Remarks
					Date & Time	Shift	Operator	Date & Time	Shift	Operator	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Prepared by	Verified by	Audited by department Head