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Company /Contact Name	Phone	
Address	Fax	
City/State/Province	Email	
Postal/Zip/Country		
RMA Requested by		Invoice Date
RMA Request Date		Invoice#

RMA REQUEST/RECORD

Item	Model	Problem Description	S/N	Qty	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total pcs:					

For VoxTechnologies use only

Authorized BY:	Auth. Date	RMA#
Rec'd by Vendor:	Rec'd Date	
Shipped By:	Ship Date	W/B#
Cross Ship Auth. By:		