Return trip checklist

Customer Info

Work No:	**Does this return trip require new product?**
asd	Yes
Customer Name:	**Item #'s & Description**
asdas	dasd
Address:	**Photo of defects required for remakes. Complete?**
dasd	Yes
Phone Number:	**Has the customer signed off/paid for job?**
asdasasd	Yes
Last Install Date:	**Have you given them a return date?**
2023-06-22	Yes
Reason for return trip:	**Return Date:**
asdas	2023-06-11

Additional Information

Additional Instructions for Installer:	**Completion Notes if needed**
asdsa	dasd

Admin To Complete

Product Ordered Date:	**Confirmed Arrival Date:**
2023-06-08	Yes
Expected Arrival Date:	**Product in Stock:**
2023-06-11	Yes
Arranged Return Date:	**Job Completed By:**
2023-06-17	Yes
Attach Remake Form	**Job Completed Date**
No	2023-06-29