Return trip checklist

Customer Info

Work No:	**Does this return trip require new product?**
asdasdasdasasdas	Yes
Customer Name:	**Item #'s & Description**
asdasd	asdas
Address:	**Photo of defects required for remakes. Complete?**
.asn dlask dlk	Yes
Phone Number:	**Has the customer signed off/paid for job?**
nklas dalks d	Yes
Last Install Date:	**Have you given them a return date?**
2023-06-08	Yes
Reason for return trip:	**Return Date:**
acas xask	2023-07-07

Additional Information

Additional Instructions for Installer:	**Completion Notes if needed**
NA	NA

Admin To Complete

Product Ordered Date:	**Confirmed Arrival Date:**
2023-06-15	Yes
Expected Arrival Date:	**Product in Stock:**
2023-06-30	Yes
Arranged Return Date:	**Job Completed By:**
2023-06-24	Yes
Attach Remake Form	**Job Completed Date**
Yes	2023-12-31