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| Supplier Code : |  |
| Supplier Name :  Address :  Telephone :  Contact Person : | Goods Return Form  **GRF No :**  **GRF Date :** |

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| --- | --- | --- | --- | --- | --- | --- |
| No | Item Code | Item Name | UOM | Qty | Reason for Returning Goods(\*) | Remarks |
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(\*) Damaged Goods = DG, Duplicate Order = DO, Incorrect Goods = IG, Other .............

Requested by : Approved by :

User Manager Pembelian