



1.800.633.3221  
256.353.4578 fax  
www.temple-inc.com

# TEMPLE RMA

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Bill TO: \_\_\_\_\_

Address: \_\_\_\_\_

**RMA#** \_\_\_\_\_  
*(For Office Use Only)*

Date: \_\_\_\_\_

Original Work Order #/ Customer \_\_\_\_\_

Ship To: \_\_\_\_\_

Address: \_\_\_\_\_

**Returning Material**

QTY	Item #	Description to include Serial #, Date, and Problem	Warranty YES/NO	RTN Code	Vendor Name
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

*(For Office Use Only)*

Vendor RMA #	Credit Price	Extended	Return Approved or Denied by:

**Return Code \* (Record RTN Code in column above)**

- 01. Incorrect quantity received
- 02. Incorrect material received
- 03. Purchased from other supplier
- 04. Damaged Shipment
- 05. Duplicate order
- 06. Product defective
- 07. Shipment arrived late
- 08. Product different from requirements or submittal
- 09. Related items not shipped
- 10. Customer not satisfied
- 11. Incorrect item ordered by customer
- 12. Incorrect quantity ordered by customer
- 13. Non-functioning out of the box (DOA)
- 14. Other \_\_\_\_\_

Exchange Material	QTY	Item #	Description	Unit Price	Extended
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

**Call Tag Contact Information** (where should the shipment be picked up?)

Contact: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Num. of Boxes: \_\_\_\_\_

**Remedy** (Temple Office Use Only)

Call tag issued from Vendor

Call tag issued from Temple

Return to Temple for Repair

Repair and Return to Customer

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Send Replacement

From Temple

From Vendor

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Send Loaner

From Temple

From Vendor

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Return To Stock

Warranty

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Shipping Paid by  Temple

Vendor

Customer

**Temple Office Use Only**

Restocking Charge: \_\_\_\_\_  Credit upon return and review of material.

Vendor RMA Ref. #: \_\_\_\_\_ Credit amount: \_\_\_\_\_