



RMA Request Form

Date: _____

Requester Name:	Company:	Customer RMA #:	
Part Number:	SN / DC:	Qty. Received:	Qty. Rejected:

Customer Purchase Order # / Line #:	Evaluation performed by:
Description of Non-Conformance (Required) Please provide pictures, test data or any other documentation of failure & note any attachments below:	
Customer Disposition:	
<i>For Office Use Only</i> Approve by: _____ Date: _____ Quality Representative Signature	
HASCO RMA #: _____ HASCO Sales Order #: _____ Supplier Purchase Order #: _____	
<i>Internal Actions</i> <input type="checkbox"/> RMA Only <input type="checkbox"/> Corrective Action Required	

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Issued by: Tanisha Smith	Title: Q.A. Manager	Approved by: Todd Cates	Title: GM



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