



## MATERIAL RETURN REQUEST FORM

DATE: \_\_\_\_\_

PART #: \_\_\_\_\_

DESCRIBE PROBLEM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SERIAL #: \_\_\_\_\_

CUSTOMER: \_\_\_\_\_

MACHINE SERIAL #: \_\_\_\_\_

YOUR COMPANY: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

### TO BE FILLED OUT BY ALTEC

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN AUTHORIZED:  YES  NO DATE: \_\_\_\_\_

RETURN AUTHORIZATION #: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_