

# CUSTOMER RETURN NOTIFICATION

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**TO BE COMPLETED BY THE QUALITY MANAGER OR DESIGNEE:**

1. PMC Return Material Authorization # \_\_\_\_\_
- 1a. Part Number \_\_\_\_\_
- 1b. Estimated quantity \_\_\_\_\_
- 1c. Discrepancy \_\_\_\_\_
- 1d. Parts to be:  Returned to PMC  
 Scrapped at customer location

Quality signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TO BE COMPLETED BY THE OFFICE MANAGER OR DESIGNEE:**

2. Are replacement parts needed for the customer? Yes No
- 2a. Parts to be replaced against P.O. # \_\_\_\_\_  
and/or Release # \_\_\_\_\_
- 2b. When are replacement parts required? \_\_\_\_\_
- 2c. Should accounting issue a credit, Yes No  
when requested?   (default = Yes)
- 2d. Should PMC invoice replacement parts? Yes No  
  (default = Yes)

Customer Service Rep. signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TO BE COMPLETED BY SHIPPING/RECEIVING CLERK OR DESIGNEE:**

3. Actual quantity of parts received? \_\_\_\_\_
4. Date received at PMC? \_\_\_\_\_
5. Disposition of parts?  Scrap immediately at PMC  
 Put in quarantine area

Receiving signature: \_\_\_\_\_ Date: \_\_\_\_\_

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cc: Quality Manager - for filing Plant Manager - for info. Office Manager - for filing