

Return Material Approval Form

Date: RMA No.: (fill by GWF)
Customer No.: Company name:
Contact person: Address:
Phone:
E-mail:



Water

- Cold
- Warm
- Hot



Thermal

- Hot
- Cold



Water & Wastewater

- Acoustic flow measurement



- System periphery

Return object: Date of original delivery:
Purchase order No.: *(The date of supply / wrong delivery)*

Product-model Name	Serial No.	Reason for return	Quantity	Attachment of pictures (Y/N)
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

NOTES

.....
.....
.....