

RCM NO. 4199

REQUEST FOR WITHDRAWAL OF GOODS FROM TRADE

CUSTOMER: _____ Ref. Sales Invoice No. _____
ADDRESS: _____ Delivery Receipt No. _____
Sales Order No. _____
Date: _____

MED REPRESENTATIVE _____ Discount Scheme: _____
SALESMAN _____

QTY. DELIVERED PER SI/DR	PRODUCT DESCRIPTION	EXPIRY DATE	QTY. FOR WITHDRAWAL	UNIT PRICE	TOTAL

Reasons for Return: _____

Prepared by: _____ Verified By: _____ Approved By: _____
(Sales Med. Rep.) (Account Analyst) (Branch Officer/In-Charge)

Signature of Customer: _____ Returned Goods Received by: _____
Signature over Printed Name Date: _____

NOTE: ONLY APPROVED RCM WILL BE PROCESSED