



Kasa Fab
 304 East Avenue B
 Salina, Kansas 67401
 Ph: 785-825-5612, ext. 311 Fax: 785-820-8214

Return Material Authorization

Company: _____

Contact: _____

Address: _____

City, ST Zip: _____

Phone: _____

RETURN AUTHORIZATION #: _____

Contact Customer Service for RMA # or use your company's #

Reference Original Purchase Order: _____

Reference Original Order Date: _____

Transportation Information

Date Shipped: _____

Shipped By: _____

Shipped Via: _____

Prepaid (Absorb):

Prepaid (Invoice):

Collect:

Prepaid or UPS Charges: \$ _____

of Boxes: _____

Weight (LBS): _____

Quantity		UM	Item Number	Item Description	Cost
Required	Shipped				

Reason for Return

Authorized By _____

Date _____

Received By _____

Date _____