MERCHANDISE RETURN SLIP

STORE: _____ DATE: _____

CODE	QTY.	DESCRIPTION OF ITEM	PRICE

SUBTOTAL $ _____
TAX $ _____
TOTAL $ _____

REASON FOR RETURN: _____
CASHIER SIGNATURE: _____
CUSTOMER SIGNATURE: _____

PLEASE ATTACH THIS FORM WITH REVERSAL AND ORIGINAL PURCHASE RECEIPT, THEN PLACE IN FINANCIAL ENVELOPE.

REVISED 12/27/06