



Republic of the Philippines  
 Department of Budget and Management  
**PROCUREMENT SERVICE**  
 DBM Compound, Cristobal Street, Paco, Manila



### SALES RETURN FORM

Sales Return No. :

Date:

Agency Name :  
 Address:

Ref Invoice/DR No. :  
 Invoice/DR Date :  
 APR No. :

For Return/Replacement

For Refund

*I hereby request refund for the following items below:*

*Reason for Returns (Based on Sales Return Policy)*

- |                                                                           |                                                                                        |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> [1] Defective or damaged                         | <input type="checkbox"/> [2] Wrong item/s ordered in APR<br>(wrong APR preparation)    |
| <input type="checkbox"/> [3] Wrong item/s in DR<br>(wrong DR preparation) | <input type="checkbox"/> [4] Wrong item/s delivered<br>(wrong item/s released by WADD) |
| <input type="checkbox"/> [5] Manufacturing Defect<br>(seals/unopened box) | <input type="checkbox"/> [6] Request for replacement of item/s                         |
| <input type="checkbox"/> [7] Double Delivery<br>(double DR preparation)   |                                                                                        |
| <input type="checkbox"/> [8] Others please specify                        |                                                                                        |

Item Code	Product Code	Quantity	UOM	Rate	Amount	Reasons for Return
-----------	--------------	----------	-----	------	--------	--------------------

Amount in words:	Total	Php
------------------	-------	-----

NOTE: ALL SIGNATURES MUST BE OVER PRINTED NAME

Prepared by:

Certified by:

AGENCY PROPERTY/SUPPLY OFFICER

AGENCY CHIEF ACCOUNTANT

<i>To be filled out by PS Personnel</i>		
Findings and Recommendations:	Validated by:	Recommending Approval/Disapproval:
_____	_____	<b>LEAH NIMFA M. VALDEZ</b>
_____	PMO-In-Charge (Marketing and Sales Division)	OIC-Chief, Marketing and Sales Division
_____	Inspected by:	Recommending Approval/Disapproval:
_____	_____	<b>NORALYN D. SALVADOR</b>
_____	PMO-In-Charge (Inspection Division)	OIC-Chief, Inspection Division

Approved

Disapproved

Received the item(s) for return in the system by:

Received the request for refund by:

**ATTY. PHILIP JOSEF T. VERA CRUZ**  
 Director IV, Operations Group

**CATHERINE ANN D.G. MIRABEL**  
 Chief, Warehouse and Delivery Division

**LADYLOU A. GIMENO**  
 Chief, Comptroller Division