



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                                      |
| <input type="checkbox"/> [3] Manufacturing Defect<br>(seals/unopened box) | <input type="checkbox"/> [4] Wrong item/s delivered<br>(wrong item/s released by WADD) |
| <input type="checkbox"/> [5] Double Delivery<br>(double DR preparation)   | <input type="checkbox"/> [6] Request for replacement of item/s                         |
| <input type="checkbox"/> [7] 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

|                               |  |  |
|-------------------------------|--|--|
| Findings and Recommendations: | Validated by:                                      | Recommending Approval/Disapproval:                                 |
|                               | <hr/> PMO-In-Charge (Marketing and Sales Division) | <hr/> <b>OMAR O. BERNAL</b><br>Chief, Marketing and Sales Division |
|                               | Inspected by:                                      | Recommending Approval/Disapproval:                                 |
|                               | <hr/> PMO-In-Charge (Inspection Division)          | <hr/> <b>NORALYN D. SALVADOR</b><br>OIC-Chief, Inspection Division |

Approved

Disapproved

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

Received the request for refund by:

**SAMANTHA GRACE E. MOSCOSO**  
 Acting Director IV, Operations, Logistics, and  
 Supply Chain Group

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

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