

RMA NO.

## RETURN MATERIAL AUTHORIZATION

PART INFO. (TO BE COMPLETED BY SALES) WRITT	EN BY DATE ISSUED
SOL. PART NO.	CUSTOMER PART NO.
ENG. AUTHORIZATION	CUST. DEBIT MEMO NO.
CUSTOMER	
BILLED TO ADDRESS:	SHIPPED TO ADDRESS:
STREET	STREET
CITYSTATEZIP	CITY STATE ZIP
SOLITRON ORDER NO.:	_ QUANTITY TO BE RETURNED :
QUANTITY BILLED :	_ INVOICE / PACKING SLIP #:
UNIT COST	_ CUSTOMER ORIGINAL P/O #:
AMOUNT BILLED	CUSTOMER REPAIR P/O #:
REASON FOR RETURN:	
CREDIT DISPOSITION: NO DEBIT/NO CREDIT ( ) CREDIT AND REPLACE ( ) CREDIT ONLY ( )	
DATE RCVD QTY. RCVD D/C SOLITRON ANALYSIS (TO BE COMPLETED BY ENG.)	
PRE-DISPOSITION INSPECTION INSTRUCTIONS:	
RESULTS:	DATE
DISPOSITION: REWORK AND RETURN ( ) NO REWORK, RETURN ( ) RETURN TO STOCK ( ) SCRAP ( )  REWORK INSTRUCTIONS:	
	DATE
QUALITY:ENGINEERING:	
CORRECTIVE ACTION:	

SDI FORM 429 2/2000