



P.O. Box 140 Okotoks, Alberta T1S 2A2
 Phone: (403) 938-1242
 Fax: (403) 938-5338
 E-mail customerservice@savsl.com

RETURNED GOODS REQUEST FORM

Feedlot Name: _____
 Contact Name: _____
 Date: _____

THIS AREA FOR SAVS OFFICE USE ONLY

Return Authorization #: R- _____
 Authorized By: _____
 Date Faxed to Customer: _____

THIS AREA FOR SAVS OFFICE USE ONLY

Product	Size	# of Units	Date of Purchase	Lot #	Expiry Date	Reason for Return	Credit Code	Estimated Credit Value*
Total Estimated Credit								
Adjustments (if applicable)								
FINAL CREDIT VALUE								

* Final credit value to be determined once the returned goods are received and inspected by SAVS staff.
 Products are to be returned to SAVS within 14 days of receiving a return authorization, and must be accompanied by a Returned Goods Request Form..