

# GOODS RETURN TICKET

**GRA NUMBER:** \_\_\_\_\_

*(Official Goods Return Authorisation No. to be issued by Gallagher after receipt of this Ticket)*



E-mail this form to: [sales.za@gallagher.com](mailto:sales.za@gallagher.com)

*Please do not include multiple products on this ticket unless they are from the same Proof of Delivery.*

<b>Date:</b> _____
<b>Gallagher PoD No:</b> _____ <small>(PoD is Proof of Delivery)</small>
<b>Date of PoD:</b> _____

<b>APPROVAL (FOR OFFICE USE ONLY):</b>

<b>Gallagher Invoice No:</b> <small>(if already issued)</small>
<b>Gallagher Sales Representative (Name):</b>

## CUSTOMER DETAILS

<b>Your Contact Person:</b>	<b>Your Company Name:</b>	
<b>Contact Cell number:</b>		
<b>Your E-mail:</b>	<b>Your Gallagher Account No:</b>	

## PRODUCT INFORMATION AS PER PoD

Are all the items on the PoD are being returned?	Yes / No
If Yes, Please attach the PoD.	
If No, please provide relevant product details in the columns provided below:	

Quantity	Item	Material	Description

**Reason for Return:** *Please refer to the Gallagher Goods Return Policy or contact your Sales Representative for help. Important! Please be clear and detailed. Include photographs where appropriate.*

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<b>Photos / Video Attached</b>	Yes / No
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## CUSTOMER SIGNATURE

<b>Full Names:</b>	<b>Designation:</b>
<b>Signature:</b>	

**Notes:** For any questions: *Please refer to the Gallagher Goods Return Policy or contact your Sales Representative for help.*