The JOYCE AGENCY

RMA#_____

Return Authorization Request

***All items marked MUST be filled in to have a timely turn around for your request**

***Manufacturer:**	***Date:**
***FROM: (Customer):**	***Phone #:**
***City, State (Branch):**	***Fax #:**
***Contact Name:**	***E-Mail**

***Original PO#:**	**PO Date:**
Invoice #:	**Invoice Date:**
Order #:	

***Qty**	***Item Code**	***Item Description**	***Code #** (if applicable)	***Reason for Return:**
				Job Canceled
				Job Canceled
				Job Canceled
				Job Canceled
				Job Canceled
				Job Canceled
				Job Canceled
				Job Canceled
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				Job Canceled
				Job Canceled
				Job Canceled

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