

RETURN MATERIAL REPORT

A RMR Number: _____ (Mark Part with RMR Number before returning)	B Model or Part Number: _____ Serial Number: _____ Part Description: _____ _____
C Written by: _____ Date: _____	
D Dealer: _____ Customer: _____ _____ _____	
E Date Sold: _____ <input type="checkbox"/> Copy of original Invoice enclosed (Necessary for Warranty Claims) <input type="checkbox"/> Invoice to customer enclosed <input type="checkbox"/> Osborne Invoice to Dealer enclosed	
F Reason for Return: _____ _____ _____	
G Action requested: <input type="checkbox"/> Repair and Return to: _____ <input type="checkbox"/> Credit _____ <input type="checkbox"/> Replace _____ <input type="checkbox"/> Other: _____	
H RMR Received by: _____ Date Received: _____ RMR Serviced by: _____ Date Completed: _____ PSR#: _____ Disposition Assigned: <input type="checkbox"/> Accepted <input type="checkbox"/> Rework <input type="checkbox"/> Repairable <input type="checkbox"/> Rejected Remarks: _____ _____	



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