



PEGASUS AUTOMATION SDN BHD (778197-P)

GOODS RETURN FORM

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Customer/ Project

DO No.: \_\_\_\_\_

GR No.: \_\_\_\_\_

Date: \_\_\_\_\_

No.	Descriptions	Serial No.	Qty	Remarks

Applicant's Use	For Office Use
Applicant's Signature: _____	Verified By (HOD): _____ Approved by (Management): _____

Version:- A007 - 201601



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