KAMAN
Precision Products / Measuring

Customer Return Request Form

Today's Date:

Point of Contact:

    Name:

    Phone: Email:

Bill to:

Ship to:

PO#:

Product/Quantity Returning:

Date Purchased/Original PO#:

Part Number(s):

Serial Number(s):

The following questions will help us properly diagnose your product and meet your requirements.

1. Why is the unit being returned? (ie: recalibration, repair, modification, etc.)

2. Is there any physical damage to the unit?

3. Other Important Info:

Internal Use Only - RMA#: