



FORM-10.0007

RETURN MATERIAL AUTHORIZATION (RMA)

Instructions: Please fill out SECTIONS I and II. If you do not have the requested information, please leave the space blank. Send completed forms, along with any attachments, to quality@jemengineering.com.

SECTION I: CUSTOMER INFORMATION

Company Name:		Contact Person:		Today's Date (mm/dd/yyyy)	
Business Email:			Business Phone#:		Fax#:
Street Address & Suite/Unit#:			City:	State (Country if Non-US):	Zip/Postal Code:

SECTION II.A: RMA INFORMATION

Original Purchase Order#:		Original Date of Receipt (mm/yyyy):		Sales/Work Order #:	JEM-Assigned RMA#:
CUSTOMERS: Please identify the item(s) in need of maintenance/repair/replacement, as well as describe your points of concern. So that we may properly address the issue(s), please attach any photos, data , and/or any other helpful information to your email.					
JEM Part# or Model#:	Your Part#:	Serial# (s):		Product Description: (ex. <i>Multiband Array</i>)	Qty:
Concerns:					

SECTION III: QA EVALUATION – FOR INTERNAL USE ONLY

Received (mm/dd/yyyy):		Rejected (mm/dd/yyyy):		Related Job# or Other Reference #:	
QA REPRESENTATIVE: Please attach include relevant drawings, photos, data, and/or any additional information in the RMA file.					
Qty Received:	Coverage: Warranty <input type="checkbox"/> JEM <input type="checkbox"/> Customer <input type="checkbox"/>			Disposition: Use As-Is <input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Return <input type="checkbox"/>	
Additional Notes:					
Evaluated By:	Signature & Stamp:			Evaluated (mm/dd/yyyy):	Resolved/Closed (mm/dd/yyyy):