

FORM-14.0047



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):