



7000 Burleson Rd, Bldg D Austin, TX 78744  
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## Material Return Authorization

- From Customer to OriGen
- From OriGen to Vendor\*

Date of Return: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

RMA # (assigned by OriGen to Customer): \_\_\_\_\_

RMA # (assigned by Vendor): \_\_\_\_\_

Product Code and Quantity: \_\_\_\_\_

Reason for Return: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* If this is a return to a vendor, attach copies of invoice and MRB. See GP17.