

**Please fill out this voucher completely; otherwise this order cannot be processed.**

### Order related data

Customer no.: \_\_\_\_\_ Date: \_\_\_\_\_  
 Customer name: \_\_\_\_\_ Order no.: \_\_\_\_\_  
 Contact person: \_\_\_\_\_ Delivery note no.: \_\_\_\_\_  
 Tel. no.: \_\_\_\_\_ Ferromatik Contact: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

### Technical data

Machine no.: \_\_\_\_\_  
 Operating hours machine/part: \_\_\_\_\_ / \_\_\_\_\_  
 Date of assembly/disassembly: \_\_\_\_\_ / \_\_\_\_\_

### The following parts are returned:

Pos.	Qty.	Part no.	Serial no.	Designation	Reason
1					
2					
3					

### Please fill out the reason of return with a number from below



- |   |                     |                             |
|---|---------------------|-----------------------------|
| 1 Request warranty (fault description)  | 4 Exchange part     | 7 Not required              |
| 2 Request good will (fault description) | 5 Wrongly delivered | 8 Loan part return delivery |
| 3 Chargeable repair                     | 6 Wrongly ordered   | 9 Other reason: _____       |

### When returning a part with reason 1-4 please provide description of failure/error code (refer to pos.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Measure

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No further measures       | <input type="checkbox"/> Complaint - reply awaited | <input type="checkbox"/> Credit note      |
| <input type="checkbox"/> Repair with cost estimate | <input type="checkbox"/> Replacement required      | <input type="checkbox"/> Results- report* |
| <input type="checkbox"/> Other:                    |  |   |

\*Outside the warranty period the results report is a payable service.

Place / Date

Signature