

Birch Copse Primary School

Uniform Shop Exchanges/Returns Form

Childs Name:	Tel No:	Date:
--------------	---------	-------

Class:

Exchange: <input type="checkbox"/>	Return: <input type="checkbox"/>
(please tick one box only)	

Item(s) To Be Returned

Date of Purchase	Item	Size	Quantity	Value
Total				£ (A)

Item(s) Required *(exchanges only)*

Item	Size	Quantity	Value
Total			£ (B)

Balance to pay (enclosed) /owing to Customer	£ (A-B)
---	---------

Reason for Return or Exchange

To be retained by shop

Exchange/Return - Customer Receipt

Childs Name:	Class :
--------------	---------

Item(s)

Item	Size	Quantity	Value
Total			£

Balance to pay to Customer (enclosed)	£
--	---