**EFB FOOD BOX PRODUCTS RETURN FORM**

Original Order Date

Order Number

Date of Return

Agency Name

Address

City State ZIP

Contact Number E-mail Address

Agency Number Participation Level

Reason for return (code)

Item

Qty

Size

Exchange for: Box (name) Size Qty \_\_\_\_\_\_\_ Exchange ASAP

**Return reason codes: 1** — Defective **2** — Damaged **3** — Wrong size **4** — Wrong item

**5** — Other