

Form C1-AS	<b>RGa REQUEST FORM</b>	<b>LIXIL</b>
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Submit complete form via email to [rgarequests@Lixilamericas.com](mailto:rgarequests@Lixilamericas.com)  
or Fax to 615-232-1101

Contact Name			Original PO#	
Company			Invoice #	
Phone			Sap Order #	
Fax			Delivery#	
Customer E-Mail				

**Reason For Return**

**COMMENTS**

Matching dollar PO for Faucet return: \_\_\_\_\_

ITEM ORDERED (# and Description)	ITEM RETURNING (# and Description)	QTY. RETURNING	QTY. IN ASA Stock

Total Value of Request: \_\_\_\_\_

Request Taken By: \_\_\_\_\_

Ext: \_\_\_\_\_

Date of Request: \_\_\_\_\_ (mm/dd/yyyy)