



**ADVOCATE**

**EXHIBIT G**

Date: \_\_\_\_\_

**RA/RETURN GOODS INVOICE**

**FOR THE ACCOUNT OF:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Cust ID/Acct No: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Manufacturer:	Pharma Supply, Inc
Class of Trade:	Retail Customers

<b>For PSI Use Only:</b>	
Rcvd:	_____
RA #:	_____
Goods Rcvd:	_____
Confirmed:	_____
Credit Posted:	_____

Orig. PO #	Product Description	Lot #	Exp. Date	Pkg. Size	Qty. Return	Wholesale Price

**For Pharma Supply Use**

Return Code	Credit Amount

**TOTAL CREDIT APPLIED**

**RETURN INSTRUCTIONS**

- CONTACT CUSTOMER SERVICE AT 888-469-3579 TO OBTAIN RETURN AUTHORIZATION (RA) NUMBER PRIOR TO SHIPMENT.
- INCLUDE RA # ON PACKAGE/CONTAINER.
- WHEN SHIPPED, SEND TRACKING NUMBER TO RETURNS@PHARMASUPPLY.COM

**SHIP TO:**

Pharma Supply, Inc.  
 Attn: Returns Department  
 145 Cane Creek Industrial Park Dr., Suite 551  
 Fletcher, NC 28732  
 888-469-3579

**COMMENTS**

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- Return Code Key:**
- |                                     |  |
|-------------------------------------|--|
| (1) Accepted for Credit             | (5) Custom/Made-to-Order               |
| (2) Not Full                        | (6) Not Pharma Supply/ADVOCATE Product |
| (3) Not Sealed/Opened               | (7) Not sold directly to Retailer      |
| (4) Expired/Short-dated (≤7 months) | (8) Products damaged in transit        |

A copy of this Return Goods Invoice can also be found at <https://advocatemeters.com/wholesale-policies>.