

RETURN FORM

REQUESTOR INFORMATION	Vendor Information
Name:	Purchase Order #:
Department:	Name:
Phone Number:	Return Authorization #:
Date:	

REASON FOR RETURN (Select One)	Shipping Information
<input type="checkbox"/> Overshipment <input type="checkbox"/> Damaged/Defective <input type="checkbox"/> Merchandise Not Ordered <input type="checkbox"/> Order Canceled	Who Called for Pick up of Goods? (Select One) <input type="checkbox"/> Vendor <input type="checkbox"/> Requestor
	Carrier Name:
	Air Bill # or Tracking #

ACTION TO BE TAKEN (Select one)	Payment processed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Exchange for Identical Merchandise <input type="checkbox"/> Exchange for Different Merchandise (Attach blue Order Form for Items) <input type="checkbox"/> Credit to be Issued by Vendor	Foundation Acct/ Function/ Function Amount DA/Project Task Award

RETRURNED ITEM(S) INFORMATION

ITEM #	QUANTITY	CATALOG #	ITEM DESCRIPTION

ACCOUNT MANAGER SIGNATURE _____ DATE _____

BUDGET OFFICER SIGNATURE _____ DATE _____