

Returning Damaged or Unwanted Items to the Vendor

1. Fill in all required information
2. Submit to the Purchasing Office

School Name :			
Contact Person:			
Name of person on PO:			
PO#:			
Date of PO :			
Vendor Name:			
Vendor #:			
Order # from Packing List:			
Description of item: (including color)			
Item Part Number:			
Number of Items returning:			
Reason for return:			
Will you pay a restock fee:	Yes	No	Up to \$_____or_____%
Replacement needed:	Yes	No	
Replacement Item # and Description: (including color)			
Will you pay additional for a replacement:	Yes	No	N/A
Packing Slip Information:			
item listed on packing slip :	Yes	No	
the amount of items delivered correct:	Yes	No	
item listed as backorder :	Yes	No	

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