Return Merchandise Notice

☐ Fill out as much information 2. Attach this form to the item 3. Call Shipping/Receiving form	m being returned.	asing can cor	ntact vend	or).
PO#: Vendor: Address:		Initiated by: Date: Vendor Contact: Vendor Phone#: Vendor RMA#:		
Disposition of Return:Return for Replacement (exact item)Return for Credit (\$ or different item)		Reason for Return:		
Returned Item(s): Qty. Description			Cost	Ext.
	For Shipping Us	e Only	======	======
Shipped by:	Date Shipped:_	Method:		
Purchasing Notes:	For Purchasing U	se Only		
Accounting Notes:	For Accounting U	-	======	