



Purchasing Services



-RETURNS-

Please print this page and fill out the form. FAX the completed form to: 7-1089, attn.: "the applicable buyer" for the commodity you are shipping.

Purchase Order and/or Requisition # _____

Name and Phone # of Department contact: _____

Department: _____

Banner Index Number to be billed for shipping costs: _____

Prepaid Vendor Paid

Ship Via: RPS, Fed Ex, UPS, other? _____

SHIP TO: (vendor name & address) _____

Quantity, Catalogue # and Description of return: _____

Where can the return be picked up? Bldg. _____ Room # _____

Has vendor been contacted? _____ RMA # (if applicable): _____

How many boxes? _____ Dollar value of shipment? \$ _____

Reason this item is being shipped out? _____

Do you want credit, replacement, etc. _____

If for replacement, has replacement been ordered? _____

Description of replacement items _____

SHIP TO: Name and Address: _____

Comments/Special Instructions: