

RETURN REQUEST

DEPARTMENT: _____ CONTACT _____

BUILDING AND ROOM # TO PICK UP _____

PHONE NUMBER _____

PO# ITEM ORIGINALLY PURCHASED ON _____

RMA # _____

PROPERTY # IF PROPERTY _____

ADDRESS TO BE SENT TO : ATTN: _____

DOES THIS SHIPMENT CONTAIN HAZARDOUS MATERIALS? ____YES ____NO

IF YES, PLEASE EXPLAIN:

IS THIS A RETURN ONLY _____

WILL IT BE REPLACED _____REPAIR _____

DUPLICATE _____ DAMAGED _____

INSURE SHIPMENT FOR \$ _____

IF THERE IS A CHARGE FOR THIS REPAIR, NEW PURCHASE ORDER # _____

DESCRIPTION OF ITEM AND REPAIRS TO BE _____

UNIVERSITY DEPARTMENTAL ACCOUNT # FOR SHIPPING TO BE CHARGED _____

SEND THIS FORM TO PURCHASING FOR APPROVAL

APPROVED _____

CC: RECEIVING
PROPERTY