

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 704.3.5.2P Adopted July 1993 Revised May 2013

Title Return Merchandise Request

INSTRUCTIONS

1. This form will be used to initiate the return of merchandise to the supplier.
2. All returns will be handled through Central Receiving.
3. Retain a copy for your records and forward the original, with the merchandise being returned, to Central Receiving.
4. **This form must be completed by the school or department initiating the return. Central Receiving will NOT accept or process incomplete Return Merchandise Request forms.**

School/Department: _____ Date: _____

Person Submitting: _____ Phone: _____

P.O. # _____ or, Name on P-Card: _____

Ship to: (PO Box addresses are not acceptable)

Supplier's phone: _____

Reason for return: _____

Quantity	Description	Item #	Unit Price	Total Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Complete the following steps:

_____ I have contacted the supplier to arrange for this return on (date): _____

_____ This return was authorized by (supplier contact): _____

_____ This return requires a return authorization #: _____

_____ I have asked the supplier to send a pre-paid return label: YES/NO Carrier: _____

_____ Special instructions for this return: _____

If the original order was purchased with a purchase order please complete the following:

_____ I have made purchase order remarks in the finance system indicating the date of the return and if applicable the PO number for the replacements.

_____ I have created the following purchase order for the replacements: P.O. # _____

For Central Receiving use only:

Returned via: _____ Shipping charges: _____ Waybill #: _____

Number of packages: _____ By: _____ Date: _____