

REQUEST TO RETURN FOR CREDIT

(STORES ITEMS ONLY)

(MUST BE WITHIN TWO WEEKS OF RECEIPT)

1. SCHOOL/DEPARTMENT NAME:

2. REQUESTED BY:

3. ORDER NUMBER:

4. LINE NUMBER:

5. QUANTITY:

6. PRODUCT ID:

7. REASON FOR RETURN (PLEASE CHECK MARK):

- ORDERED IN ERROR**
- WAREHOUSE SENT WRONG ITEM**
- DAMAGED**
- OTHER** _____

Forward this form to *PURCHASING* for the necessary arrangements to be made.

DO NOT MAIL OR BRING RETURNS YOURSELF.

Should you have any questions, please call 714-424-7583.

Make additional copies for your use.

PURCHASING APPROVAL:

CREDIT ISSUED: