WICHITA FALLS INDEPENDENT SCHOOL DISTRICT

Return Request Form

Campus/Dept: _____ **Date:** _____

Vendor Name: _____ **PO #:** _____

Reason for return (must be specific):

_____

_____

_____

Item(s) returned:

Quantity	Item / Part Number	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

Return for: (circle one)

Credit **Exchange*** **Repair** **Trade-In***

***If exchange or trade-in, give:**

New Item #: _____

Description: _____

Account Code for shipping charges: _____ ____ _____ ____ _____ __ ____ _____

Fixed Asset #: _____ **Return Requested By:** _____

Vendor Issued RMA#: _____

- **Instructions:** **Email this completed form to jtoliver@wfisd.net, vgilbert@wfisd.net, purchasing@wfisd.net and ap@wfisd.net.**
- **IMPORTANT: Do not initiate a return of goods directly with vendor. All returns are facilitated by Warehouse.**