



Shipping & Receiving Shipping/Merchandise Return Request Form

Date: _____ School/Department: _____
Name: _____ Email: _____ ext. _____

Please fill out as best as possible and attach form to item

1. Type of return, choose one (1):

___ Return; Description of item(s)/materials/equipment: _____

Qty(#) Cartons/containers: _____

___ Repair; Description of item(s)/materials/equipment, _____

Qty(#) Cartons/containers: _____

Is this under warranty? Yes ___ No ___ if yes, approximate date of purchase: _____

___ if Work Order through FMD or NWS Department, WO#: _____

___ Other - explain: _____

2. Reason: _____

3. Purchase Payment Method:

___ Requisition/PO #: _____ line #(s) _____

___ P-Card (must attach copy of receipt)

___ Other - explain: _____

4. Vendor/Business Name: _____

Return Authorization (RA or RMA #), if needed: _____

Vendor Contact Person: _____

Vendor Address (Ship to): _____

City/State _____, _____ zip code: _____

5. Vendor will (select all that apply):

___ Credit

___ Exchange (for the correct item/size) ___ Send Replacement(s) (for defective/damaged)

___ Send replacement/repaired item(s) ___ back to school/department ___ to Shipping & Receiving

___ Pay for shipping - list courier & vendor account# _____ or attach shipping label

6. Preferred method of shipping:

___ USPS Priority Mail ___ USPS Express Mail - reason: _____

___ UPS Ground ___ UPS 2nd day - reason: _____

___ Trucking/Freight Company (for pallet freight, S&R will choose)

7. Shipping options (if option needed is not listed below, please list on back of form.

___ Insurance - how much \$ _____

___ Contain hazardous materials - list _____ lithium batteries? ___ yes ___ no

___ Need tracking # - list email to send to: _____

S&R Only - Approval signature _____ **Date shipped:** _____