

UNACCEPTABLE SUPPLIES AND EQUIPMENT REPORT

FILL OUT FORM COMPLETELY

PURCHASE ORDER #: PACKING SLIP/INVOICE #:		WAREHOUSE REQUISITION #:		
VENDOR:				
	DEASON E	OR SUBMITTI	NG EOPM	
INFERIOR QUALITY		OK SOBIVITITI	INCOMPATIBLE	
DAMAGED		OVER-PRICED		
DEFECTIVE		WRONG ITEM RECEIVED		
	<u>r</u>	TEM DESCRIPT	<u>TION</u>	
PART #	!:	_QUANTITY:	COLOR:	
DESCR	RIBE IN DETAIL	REASON FOR	UNACCEPTABLE PRODUCT	
COMPLETED BY:				
	Name		Phone No.	
	DISTRICT OFF	FICE USE ONLY		
	WAREHOUSE	RECEIVED:	DATE:	
	ACCOUNTS P	AYABLE:		

WHITE=ACCOUNTS PAYABLE PINK = SCHOOL/DEPT. YELLOW = WAREHOUSE