

EDGEMONT UNION FREE SCHOOL DISTRICT  
**MERCHANDISE RETURN FORM**

SUBMITTED BY: \_\_\_\_\_ BUILDING: \_\_\_\_\_

DATE OF RETURN	
VENDOR	
RETURN AUTHORIZATION # OR NAME AND TITLE OF VENDOR REP.	
REASON FOR RETURN	
RESTOCKING FEES IF APPLICABLE	
METHOD OF RETURN (FEDEX, UPS, ETC.)	
TRACKING NUMBER	
ITEM	
QUANTITY	
COST	
RETURN TYPE	<input type="checkbox"/> Credit <input type="checkbox"/> Replacement

**Note: Attach all copies of bills of lading to this submission.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>FOR BUSINESS OFFICE USE ONLY</b>	
Credit Invoice Received: <input type="checkbox"/> No <input type="checkbox"/> Yes; Date of Invoice: _____	
Credit Issued <input type="checkbox"/> No <input type="checkbox"/> Yes; Date of Issuance: _____	
Budget Code Adjusted: _____	By: _____