

**RETURN AUTHORIZATION FORM  
STILLWATER PUBLIC SCHOOLS**

PO # \_\_\_\_\_

\_\_\_\_\_  
SCHOOL

\_\_\_\_\_  
TEACHER

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
CONTACT PERSON AT COMPANY

PHONE NUMBER \_\_\_\_\_

ITEMS RETURNED \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REPLACEMENT ITEMS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR RETURN \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
FINANCE OFFICE SIGNATURE

\_\_\_\_\_  
DATE