RETURN TO STOCK FORM

Date: _____

Campus / Department: _____

Contact Person: _____

Request #: _____

Line Item #: _____

Budget Code: _____

Account Code: _____

Quantity	Stock #	Description

Reason for Return

- ☐ Broken
- ☐ Defective
- ☐ Incorrect item ordered
- ☐ Incorrect item delivered

Remarks

_____

_____

_____

Budget Manager Signature: _____

Please send a copy of the signed receiving request form