

REPORT OF DUPLCATE/INCORRECT/DAMAGED GOODS RECEIVED

TO BE COMPLETED BY DEPARTMENT:

VENDOR NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT NAME: _____ PHONE NUMBER _____

INVOICE NUMBER: _____ DATE: _____

PURCHASE ORDER NUMBER: _____

CREDIT CARD PURCHASE: YES NO

REASON FOR FILING REPORT:

RECEIVING DEPARTMENT WISHES TO: REJECT REPLACE ACCEPT

AUTHORIZATION TO RETURN GOODS – SHIP TO:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

RETURN GOODS AUTHORIZATION NUMBER (IF APPLICABLE): _____

COMPLETED BY: _____

(Print name)

(Signature)

DEPARTMENT: _____ PHONE NUMBER: _____

DATE: _____

RETURN COMPLETED FORM TO PURCHASING