

# SWARTZ CREEK COMMUNITY SCHOOLS FORM FOR RETURNING MATERIALS

_____ COMPANY NAME		_____ DATE
_____ COMPANY ADDRESS		_____ SCHOOL
_____ CITY		_____ PERSON RETURNING ITEM
_____ STATE	_____ ZIP	_____ PURCHASE ORDER NUMBER (if any)

\_\_\_\_\_  
PACKAGE CONTENTS

\_\_\_\_\_  
APPROX. WEIGHT                      DECLARED VALUE

DO YOU WISH IT INSURED?      YES                      NO

ASN FOR POSTAGE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PLEASE COMPLETE THIS FORM AND AFFIX IT TO THE TOP OF THE CARTON AND SEND TO THE WAREHOUSE