

**CENTRAL UNIFIED SCHOOL DISTRICT
REQUEST FOR RETURN OF PURCHASED GOODS**

Date: _____

| |
|----------------------------|
| Vendor |
| Address - For Return Label |
| City, State, Zip |

Person Requesting Return

Site/Dept

Goods were purchased on PO#

Description of Goods

\$ _____
Value of Goods

REASON for RETURN

- Damaged Goods/Inoperative Goods
- Product shipped was not the product ordered
- Goods shipped on Preview - will not keep
- Duplicate shipment (reason for second shipment)
- Ordered Wrong Item / Do not Want
- Other: _____

AUTHORIZATION from VENDOR

- Was authorization given to return goods Yes No
- Spoke with: _____ Date: _____
- Vendor to ship replacement merchandise
- Vendor to issue credit
- Return is necessary due to: Vendor Error
 Requestor Error
- Shipping charges to be paid by vendor:
 - Vendor will arrange UPS call tag (attached)
 - Send COD to Vendor
 - Other: _____
- Shipping charge to be paid by Site/Department:

ENCLOSE: copy of the invoice, packing list and letter explaining the reason for the return, INSIDE of the box

ATTACH: copies of your enclosures along with this form to the OUTSIDE of the box. Forward request to Purchasing / Warehouse Staff for pickup.

Fund - RE - PY - Goal - Func. - Object - Site - Resp. - Mgr

_____ - _____ - ___ - _____ - _____ - 590010 - _____ - 0790 - _____

(Warehouse use Only)

Cost of Shipping \$ _____ Date Shipped: _____ Weight: _____ Number of Boxes: _____

Description/Comments: _____