CENTRAL STORES RETURN FORM

DEPARTMENTS: Please enter the original requisition number on this form. When returning an item be sure to check the replace box for defective merchandise, credit box for refund, or part number of other item in exchange box. If merchandise is defective give detailed description of the problem (Print cartridge problem - please send sample page).

ORIGINAL REQUISITION NUMBER: _____ **DATE:** _____ **ACCOUNT NUMBER:** _____

DEPARTMENT: _____

[-check one-]

PART NUMBER	ITEM DESCRIPTION	REASON FOR RETURN	QTY RETURNED	REPLACE	CREDIT	PART NUMBER EXCHANGING FOR

SIGNATURE OF RETURNEE: _____

FOR INTERNAL USE ONLY:	ITEM NUMBER	REPLACE	CREDIT	EXCHG	DATE	INVENTORY				EXCEL
						BEFORE		AFTER		
						W.H.	OFFICE	W.H	OFFICE	
WAREHOUSE/ OFFICE										

Indicate letter before & after office inventory: R =Inventory was corrected by requisition within billing period.
M = Inventory was corrected manually on vax (doc by print screen before and after), may require manual billing process

THIS FORM IS YOUR MASTER - PLEASE MAKE COPIES TO USE WHEN SENDING SUPPLIES BACK TO CENTRAL STORES