

VISTA UNIFIED SCHOOL DISTRICT

RETURN MERCHANDISE TO WAREHOUSE FORM

(DO **NOT** use this form for stores merchandise returns)

CONTACT NAME:	SCHOOL NAME:
PURCHASE ORDER #:	VENDOR NAME:
LINE ITEM #:	QUANTITY TO RETURN:

DESCRIPTION OF MATERIALS TO RETURN: _____

REASON FOR RETURN:

Vendor sent item we did not order, Explain: _____

Article received damaged. Describe: _____

Wrong item ordered / changed our minds. A \$25 minimum return fee will be charged to your account for items ordered in error. (Vendor may also assess a re-stocking fee when returning items for credit.)

Acct # to be charged if different from PO: _____

Acct # to be credited: 03-00-0000-000-000-7540-5800-011-624

Other

Check here if you do not wish to have this article replaced.

NOTE: The Purchasing Department **will not be responsible** for any receiving discrepancy that has not been reported within 14 days of receipt of order form the warehouse. Vendor returns **will only be handled** within 30 days of receipt form the warehouse.

DATE

PRINCIPAL'S SIGNATURE