



**PURCHASING SERVICES**

114 S. Del Rosa Drive  
 San Bernardino, CA 92409  
 (909) 382-4033

**RETURNED GOODS AUTHORIZATION FORM**

NAME: \_\_\_\_\_ DEPT/ROOM: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

RMA #: \_\_\_\_\_ PO #: \_\_\_\_\_ DATE: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_ RETURN EXCHANGE CREDIT

PHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- RECEIVED WRONG ITEM
- DUPLICATE SHIPMENT
- OVER SHIPPED
- DAMAGED
- OTHER \_\_\_\_\_

ORDER TRACKING NO: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

REASON FOR RETURN: \_\_\_\_\_

ITEM	DESCRIPTION	QUANTITY	U/M	UNIT PRICE	EXTENDED PRICE
1					
2					
3					
4					
5					
6					
7					
8					
<b>SUBTOTAL</b>					
<b>TAX</b>					
<b>RESTOCKING FEE</b>					
<b>SHIPPING</b>					
<b>TOTAL</b>					

RETURN CARRIER INFORMATION	PURCHASING CHECKLIST
VENDOR WILL PICK UP _____	COMPLETED BY _____
CALL TAG CARRIER _____	DATE _____
U.S. MAIL _____	FINANCIAL 2000 UPDATED _____
SHIPPING FREIGHT PRE-PAID _____	<b>WAREHOUSE</b>
OTHER _____	PICKED UP BY _____
	DATE _____
	TRACKING NO _____