



SUNY
DOWNSTATE
Medical Center

Outbound Shipment & Discrepancy Form

Downstate Depot Central Receiving
Ext# 1514 Fax# 1266

Website: www.downstate.edu/centralreceiving
Email: centralreceiving@downstate.edu

SECTION A - Customer information

Today's Date

Your Name

Your Title

Your Department

Your Telephone Ext.

Box#

Email For Tracking Notification

SECTION B - Discrepancy Report on a Received Shipment (Select All that Applies):

Purchase Order# (or) Requisition#

Nature of Discrepancy (Select All That Applies):

Item(s) Received Damaged or Broken

Quantity Discrepancy (Packing Slip vs. Actual Contents)

Over Shipment or Duplicate Shipment

Shipment Never Ordered

Unacceptable Vendor Item Substitution

PO Cancelled

Describe item - Must include product # (copy of packing slip preferred):

Ship To Vendor Name Address:

If Needed, Pick Up From:

Building & Room #

Did You Contact Vendor? YES NO

If yes, give name & phone number of person contacted.

SECTION C - Reason For Outbound Shipment(s) (Select All that Applies):

For Repair - Enter (a), or (b):

To Resolve Discrepancy reported in section B

For Shipping - Enter (a), or (b):

(a)Return Authorization #/RMA #(if applicable):

(b)Requisition # (if applicable):

SECTION D - Method of Shipment & Payment:

Method of Shipment:

UPS Next Day UPS 2nd Day UPS Ground Vendor's Trucking (Common Carrier)

Other (specify):

If shipping insurance is required, insert insured value: \$

(An invoice will be needed once a claim is filed for a damaged or missing item.) (UPS shipping insurance MAX is \$50,000)

| | | | |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------|
| Funding Source | <input type="radio"/> PREPAID Shipping Label Provided By Vendor/Addressee (MUST authorize pickup) | | TRACKING #: <input type="text"/> |
| | Has Vendor Contacted The Pick-up Courier? <input type="radio"/> YES <input type="radio"/> NO | | (If Applicable) |
| | DMC Departments (State and IFR Account Holders) State Account # <input type="text"/> | | Object 9200 |
| | Research Foundation Accounts (Please Attach This Form to your Research Requisition When Submitting Your Shipping Request) | | |
| | Project # <input type="text"/> | Task # <input type="text"/> | Award # <input type="text"/> |
| Other DMC Affiliated Entities (FSA, UPB and Other DMC Corporate Affiliates) | | | |
| | Affiliate Entity <input type="text"/> | Account # <input type="text"/> | |
| | (Name of Company or Organization) | (If Applicable) | |

DEPARTMENT REPRESENTATIVE AUTHORIZED SIGNATURE _____

THIS SECTION IS FOR CENTRAL RECEIVING USE ONLY:

For State PO's Affecting Qty Discrepancies: E-Mail/ Faxed To Accounts Payable (X-3375) E-Mail/ Faxed To Purchasing (X-4413)

SURS RECEIPT # (IF APPLICABLE): _____ SHIPMENT RECEIVING # _____ SHIPPING QTY _____

COURIER PICKUP TRACKING # _____ CR&S STAFF SIGNATURE: _____ DATE _____