REPORT OF DUPLCATE/INCORRECT/DAMAGED GOODS RECEIVED

TO BE COMPLETED BY DEPARTMENT:
VENDOR NAME:
ADDRESS:
CITY, STATE, ZIP:
CONTACT NAME:PHONE NUMBER
INVOICE NUMBER:DATE:
PURCHASE ORDER NUMBER:
CREDIT CARD PURCHASE: YES NO
REASON FOR FILING REPORT:
RECEIVING DEPARTMENT WISHES TO: REJECT REPLACE ACCEPT AUTHORIZATION TO RETURN GOODS – SHIP TO: NAME:
ADDRESS:
CITY, STATE, ZIP:
RETURN GOODS AUTHORIZATION NUMBER (IF APPLICABLE):
COMPLETED BY:
(Print name)
(Signature)
DEPARTMENT:PHONE NUMBER:
DATE:

RETURN COMPLETED FORM TO PURCHASING