

# RETURN/DAMAGE FORM

SOUTHERN ILLINOIS UNIVERSITY

Step 1: This section is to be completed by Department or Central Receiving

Purchase Order Number: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Item description and reason for return or damage explanation:

Quantity: \_\_\_\_\_

Account item(s) was charged to:

Line Number: \_\_\_\_\_

\_\_\_\_\_ Budget Purpose

\_\_\_\_\_ Dept Act 1

\_\_\_\_\_ Dept Act 2

Account item(s) was charged to:

Line Number: \_\_\_\_\_

\_\_\_\_\_ Budget Purpose

\_\_\_\_\_ Dept Act 1

\_\_\_\_\_ Dept Act 2

If more than 2 accounts are charged, please click here:

Name of person reporting return/damage: \_\_\_\_\_ Date: \_\_\_\_\_

Step 2: This section to be completed by Expediting

Date vendor is contacted: \_\_\_\_\_ Return Authorization Number: \_\_\_\_\_

Vendor Ship-To Address (Return Address):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Comments:

Date Department is notified (w/RMA # & address): \_\_\_\_\_

Name of Department Person notified: \_\_\_\_\_ Expeditor Signature: \_\_\_\_\_

**Forward to Central Receiving**

Step 3: This section to be completed by Central Receiving

Date shipment is picked up by Freight Carrier: \_\_\_\_\_ Freight Carrier: \_\_\_\_\_

Central Receiving Personnel Signature: \_\_\_\_\_

**Forward to Expediting**

Step 4: This section to be completed by Expediting

Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_