

**Carbondale Campus End User Instructions**  
**FORM – Return/ Damaged Materials**

**Use:** To request that a shipment be returned to the Supplier or to acknowledge the receipt of damaged materials. This form should be used by both Departmental Receivers and Central Receivers when dealing with returns and damaged goods.

**Access:** Access the form via the AIS web site (<http://eforms.siu.edu/siuforms/info/pur0104.html>), Electronic Forms, Carbondale campus location. Adobe Reader 7.0 software must be installed on your computer to allow access to the form. If you do not have Adobe Reader software, download it from the AIS web page (select Software Downloads, Adobe Reader).

**Instructions:** Complete the form using the following instructions: (Unless noted, all fields are **REQUIRED**.)

First Reporting Section: Provide basic information regarding the return/ damage.

*Purchase Order Number*

List the Purchase Order Number(s) associated with the returned/damaged materials.

*Vendor*

List the Vendor/Supplier by name as listed on the Purchase Order.

*Item Description/Reason for Return or Damage Explanation*

Describe the materials, the reason for return or damage explanation.

*Quantity Returned*

Note the exact number of items returned or damaged.

*Account Item(s) was (were) charged to: (if more than two accounts, use another form)*

*Fund*

Fund supporting the Purchase Order.

*Unit*

Unit associated with the Purchase Order.

*Budget Purpose*

Budget Purpose value associated with the Purchase Order.

*Dept Act 1*

If applicable, note the Department Activity 1 code.

## Return/Damaged Form

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*Dept Act 2* If applicable, note the Department Activity 2 code.

*Function* Leave blank.

*Natural Account*  
Leave blank.

*Object* List the Object code value associated with the Purchase Order.

*S of F* Note the Source of Funds included in the account number.

*FFY* List the Funding Fiscal Year.

*Instit. Act.* Leave blank.

*Name of Person Reporting Return/Damage*  
Provide the name of the person reporting the return or damage.

*Date* Date of this report.

Expeditor Information Section: Leave blank. To be completed by Expediting

Central Receiving Section: Leave blank. To be completed by Central Receiving.

Routing: **Print this form and mail it to:**

**Procurement Services, MC 6813.**