

RETURNED MERCHANDISE

Purchasing Department

SITE: _____

Date: _____

VENDOR: _____

INV/PACKING SLIP#: _____

PO# _____

Quantity	Item #	Description	Reason Code #	Exchange or Return

Return Reason Codes

Record appropriate number in the Reason Code # column above.

- | | |
|--------------------------------|------------------------------------|
| 1. Wrong quantity received | 7. Product different from catalog. |
| 2. Wrong merchandise received. | 8. Related item not sent. |
| 3. Damaged in shipping. | 9. Incorrect item ordered. |
| 4. Duplicate order. | 10. Incorrect quantity ordered. |
| 5. Product defective. | 11. Other _____ |
| 6. Arrived late. | |

PLEASE CHECK ONE:

Return For Replacement _____

Return For Credit _____

Authorized By: _____

Date: _____

WAREHOUSE USE ONLY

DATE RETURNED: _____

SIGNATURE: _____

DATE PICKED UP: _____

SIGNATURE: _____