



MERCHANDISE RETURN FORM
MR# _____

PO #	Vendor:
Acct #	Requested By:
Phone:	Bldg/Rm:
Date:	Buyer:

Authorized By _____ Invoice # _____

Item # _____ Description _____

- Reason:**
- Ordered incorrectly
 - Received incorrect item
 - Duplicate shipment
 - Over/short shipment
 - Defective/Damaged shipment
 - Other _____

- Action:**
- Request credit memo
 - Request replacement
 - Request refund check

Date Forwarded to SER _____ By Dept. _____

Date Forwarded to Vendor _____ By SER _____

Date Received by Vendor _____ By Representative _____

Original copy to Department. Duplicate copies to Purchasing, Facilities Services and the Vendor