

Return/Exchange Form

Req # _____	Date _____
Name of Requester _____	Building _____
Phone # _____	Room # _____
Name of person taking request: _____	

<input type="checkbox"/> Ordered Wrong Item or Amount	<input type="checkbox"/> Exchange - Ordered Correctly/Shipped Incorrectly
<input type="checkbox"/> Sent More Than Ordered	<input type="checkbox"/> Damaged or Defective
<input type="checkbox"/> Send Missing Stock	<input type="checkbox"/> Other

Merchandise Return				
Stock #	Quantity	Packaging Type	Description	Weight
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Deliver				
Stock #	Quantity	Packaging Type	Description	Weight
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Remarks