

RETURN MERCHANDISE FORM

Cerritos College

SHIP TO: (VENDOR SHIPPING LABEL & RETURN PACKING SLIP) NUMBER OF BOXES: []	PURCHASE ORDER #: _____ DATE: _____ SHIP VIA: _____ TRACKING #: _____ SHIPMENT VALUE: \$ _____ CERRITOS COLLEGE CONTACT: MIGUEL ARIAS, LEAD, WAREHOUSING & DELIVERY PHONE: (562) 860-2451 EXT. 2312 FAX: (562) 467-5052
RETURN AUTHORIZATION #:	VENDOR AUTHORIZED RETURN BY: NAME & TITLE: _____ DATE: _____ PHONE: _____
RETURN FROM: CERRITOS COLLEGE – DISTRICT WAREHOUSE 11051 166 TH STREET CERRITOS, CA 90703	

RETURN ITEM LIST:

ITEM #	QTY.	UNIT	PART #	DESCRIPTION OF RETURNED ITEMS:	REASON FOR RETURN:

Check if Item Return List is: Attached or Continued on separate sheet.

JUSTIFICATION FOR RETURN:

- Incorrect item(s)
 Damaged item(s)
 Defective item(s)
 Core return
 Service Repair
 Warranty Repair
 Other:

VENDOR ACTION REQUIRED:

- Replace with correct item(s)
 Replace damaged/defective item(s)
 Cancel item(s), credit account
 Special Instructions:

DEPARTMENT INFORMATION:

DEPARTMENT	DEPT. CONTACT	PHONE EXT.	PICKUP LOCATION	# BOXES

FOR WAREHOUSE USE ONLY—DO NOT WRITE BELOW THIS LINE

PICKUP/SHIPPING VERIFICATION:

WAREHOUSE CONTACT:	PICKUP BY:	<input type="checkbox"/> CARRIER <input type="checkbox"/> VENDOR	DATE & INITIAL:
DATE & INITIAL:			

REPLACEMENT/REPAIR DELIVERY VERIFICATION:

RECEIVED BY:	RECEIVED DATE:	<input type="checkbox"/> ACTION COMPLETE <input type="checkbox"/> NOTE OPEN ITEMS BELOW
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OPEN ITEMS: