

RETURN MERCHANDISE AUTHORIZATION FORM



SUPPLIER _____
 ADDRESS _____

 PHONE# _____
 EMAIL _____

PURCHASE ORDER _____
 BUYER NAME _____
 DEPARTMENT _____
 CONTACT _____

RECEIVING WILL PICK-UP MERCHANDISE FROM DEPT WHEN AUTHORIZED BY PROCUREMENT

THE FOLLOWING ITEM(S) ARE BEING RETURNED

| DESCRIPTION OF ITEM | QTY | REASON FOR RETURN |
|---------------------|-----|-------------------|
| | | |
| | | |
| | | |
| | | |

DEPT PRINT NAME: _____ PHONE: _____
 DEPT SIGNATURE: _____ DATE: _____

MARK ALL THE APPROPRIATE BOX(ES) FOR ANY ACTION TAKEN BY THE DEPARTMENT

YES NO

- Arrangement made with vendor
- Return merchandise authorization number (RMA) assigned, if yes, # _____
- Vendor will issue call tag
- Material to be replaced
- Cancel returned item(s), if **YES**, amendment request required
- No action taken
- Restocking charge assessed, if YES, amendment request required

DEPARTMENT MUST FORWARD TO BUYER OF RECORD

PROCUREMENT SERVICES ONLY

INSTRUCTIONS TO RECEIVING:

- Return Authorized
- Vendor's truck will pick up
- UPS call tag issued
- RMA# Issued
- Return via UPS/FedEx & charge
- Speedtype: _____

RECEIVING/SUPPLIER SIGNATURES

For Pickup call 8-6274

Materials picked up by Receiving

 Signature Date

Materials delivered to Mailroom for shipping

 Signature Date

Materials picked up by Supplier

 Signature Date

COMMENTS: _____

BUYERS APPROVAL

 Signature Date

INSTRUCTIONS

SUPPLIER: Type the Supplier's full name and address; indicate the supplier's phone number and contact person.

PURCHASE ORDER: Provide the purchase order number, buyer name, requesting department and department contact

DESCRIPTION OF ITEMS: Indicate the description of items as shown on PO copy; indicate the quantity returned and a brief explanation for returning the item.

DEPT SIGNATURE: Return Merchandise Authorization must be signed by staff who have been previously authorized.

ITEM DISPOSITION: Mark one or more of the boxes which pertain to the disposition of the item. Departments are not obligated to contact the supplier for arrangements, if the department prefers that Procurement & Contract Services make arrangements, mark the box "no action taken". If the department has made arrangements with the supplier, the department must provide the necessary criteria for Procurement & Contract Services to authorize the return of the item.

RECEIVING DEPT. SIGNATURE/DATE: Department copy to be signed in the space by Receiving staff when picking up the goods; department to keep for their records.

SUPPLIER SIGNATURE/DATE: Receiving Department staff is to obtain signature/date of carrier selected by supplier to pick up material or department is to obtain supplier representatives signature if material is picked up directly from the department.

COMMENTS: The comments section is to be used for Procurement.

BUYERS APPROVAL/DATE: To be signed by an authorized buyer in Procurement.

DISTRIBUTION: Email a PDF SIGNED copy to the Buyer of Record accordingly. The Buyer will review the document and forward a signed copy to Central Receiving for processing.