

SITE: _____ CONTACT: _____

MORGAN HILL UNIFIED SCHOOL DISTRICT - D.O.
MERCHANDISE RETURN FORM

TO: PURCHASING _____ DATE: _____

VENDOR: _____

ADDRESS: _____

PURCHASE ORDER NO.: _____ INVOICE # _____

PLEASE RETURN THE FOLLOWING: _____

REASON: _____

DUPLICATE SHIPMT _____ NOT WANTED _____ DEFECTIVE _____

NOT ORDERED _____ INCORRECT ITEM _____ OTHER _____

REPLACEMENT WANTED _____ ORDER ALREADY PAID FOR _____

CREDIT WILL BE ISSUED _____ *REFUND CK ISSUED _____
(Preferred)

RET LBL WILL BE SENT BY VENDR _____ SCHOOL PAY SHIP _____

INSURANCE AMOUNT : \$ _____ RMA# _____
(If value more than \$100)

SIGNED: _____
(Principal or Supervisor)

Send ALL copies to Purchasing Dept.