## IDAHO STATE UNIVERSITY

## **Return Request Form**

Complete all information except '*Internal information only*...' and return to Central Receiving Department Mail Stop 8034 or e-mail <a href="mailto:received@isu.edu">received@isu.edu</a>.

			nil:	
			How many Boxes: 1	
Banner Index Num	ber to be billed for shipping cost (i	if applicable) : Pr	repaid □ Vendor Paid □	
Is there a: Call Tag	g $\square$ Pre-Printed Label $\square$			
Has vendor been co	ontacted: Yes □ No □ RM	ЛА #		
Ship to: Vend	dor	***Please e	email all supporting documents to	
Address		Central	Central Receiving Department including	
		Return A	Authorization from vendor.	
endor Name:		Purchase Order #:		
		(Email packing slip if availal		
PO Line # OT	TY Descriptio	Identify Reaso	Identify Reason for Return – check each appropriate box and a pertinent comments	
I O Line 11 ZI	1 Description	$\Box$ Expired	•	
		$\Box$ Overshipme	ent □ Wrong Item □Loaner	
		$\Box$ Credit	□ Exchange □ Consignment	
		□ Warranty R	Repair_NO CHARGEBACK	
		□Vendor Err	ror- All Shipping/Handling Due ISU	
		□ Other:		
rol. Please contact P	Property Control @ 3288/2176 for a	assistance.	are removed and received by Property	
•	ion only for Central Receiving Dep 4			
			Date	
Central Froperty In	ventory system rapprovat		Date	
ISU Export Contro	ol Approval (Intl' Shipments only)	Export Control Completed□  Banner Return Completed□		
		Banner Return Completed ☐ Banner Rejection Completed ☐		