REQUEST TO RETURN MATERIAL TO SUPPLIER
Duplicate Shipment and/or Damaged Merchandise

Date _______________   Purchase Order Number _______________

Location Name   ______________________________

Location Number  ______________________________
(telephone number)

Supplier Address ______________________________

Description of Items Returned: (if more than 5 different items are returned, attach the packing slip to this form)

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<tr>
<th>Quantity</th>
<th>Description of Item</th>
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________ Total Quantity

Reason for Return: (Check appropriate item)

- [ ] Duplicate Shipment
- [ ] Damaged Merchandise
- [ ] Incorrect Material
- [ ] Other   ____________________________________________________________

Description of Damaged Merchandise:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Requestor Signature   _________________________
Department Head Signature  _________________________
Receiving Signature   _________________________
(Person picking up merchandise)

Buyer Signature   _________________________ Date _____________
(Date received by Buyer)

Buyer Notes:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Distribution of Form: Original (Requestor)  Copies (Buyer in Procurement, Accounts Payable, and Supplier)