

**RETURN MERCHANDISE FORM
(RETURN THIS FORM TO THE IMB FISCAL OFFICE)**

1. **DATE:** _____
2. **NAME :** _____
3. **PURCHASE ORDER #:** _____
4. **ITEM(S) TO BE RETURNED (Include Description and Catalog #):**

5. **REASON FOR RETURN:** _____

6. **IS VENDOR ISSUING A CREDIT INVOICE?:** _____
7. **WILL THERE BE A RESTOCKING FEE FOR THE RETURN OF THE ITEM(S)?:** _____
8. **REPLACEMENT ITEM(S) (Include Description and Catalog #):**

9. **RETURN AUTHORIZATION # (Given By Vendor):** _____

10. **WILL VENDOR PAY FOR RETURN SHIPPING ? (Call Tag # may be needed and given by vendor if they are paying for the return :**

IMPORTANT: THE ITEM (S) MUST BE RE-BOXED/PACKAGED AND LEFT IN ROOM 153 IMB FOR RETURN. THE ADDRESS THAT THE SHIPMENT IS TO BE RETURNED TO, THE RETURN AUTHORIZATION NUMBER AND THE CALL TAG NUMBER (IF NECESSARY) ARE TO BE CLEARLY LABELED ON THE OUTSIDE OF THE BOX. LEAVE A NOTE TAPED TO THE BOX REGARDING WHICH CARRIER TO USE (UPS, FEDERAL EXPRESS, ETC.) AND HOW TO SHIP (GROUND, PRIORITY, ETC.)