



## Purchasing Department Returned Goods Form

*This form is used for the return of products to supplier or for repair / exchange of equipment. Questions can be directed to any purchasing agent in the department.*

To Vendor:		From:	
Company:		<b><i>The University of Toledo</i></b> 2801 W. Bancroft, Toledo, OH 43606-3390 <i>Purchasing Department</i> Fax: HSC - (419) 383-6250 Main - (419) 530-8766	
Address:			
Phone #:			
Authorization Number:		Department:	
		Accounting Unit / Index #:	

Repair    
  Credit    
  Other \_\_\_\_\_

Date	P.O. No.	Order Date	Vendor Invoice #.	Authorized By
Line No.	QTY.	Unit	Vendor Catalog #	Description

Reason for Return:	
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Pick Up Information:			
Building:		Room #:	
Contact Name:		Extension:	
<input type="checkbox"/> Priority		Call TAG #:	

For Internal Use Only:	
<input type="checkbox"/> Ship Best Way	<input type="checkbox"/> Call TAG _____
<input type="checkbox"/> Ship Via Next Day Air _____	<input type="checkbox"/> Ship Via _____ Date _____
<input type="checkbox"/> Vendor/Rep. to Pick Up _____	_____ Date _____
Signature _____	
Insured Value:	<input type="checkbox"/> Restocking Charge _____ % or \$ _____

Purchasing Department Authorized:	
Signature:	Date: