

Seattle Public Schools
Return Materials Authorization Form

FOR ALL RETURNS EXCEPT WAREHOUSE AND OFFICE DEPOT B2B ORDERS

(▼ This section is to be filled out by the school ▼)

Please sent to purchasing Phone 206-252-0560 Fax 206-252-0505 MS 23-376

School/Dept. _____ Date _____

Pick up items: Front office ___ Freight/custodial area ___ Dept. _____

School/Dept Contact _____ Phone # _____

Purchase order # _____ (one form per purchase order)

Vendor name _____

Description/Reason of/for items to be returned _____

Value \$ _____ # of cartons _____

Restocking fees and shipping charges may be deducted from credit

(▼ This section is to be filled out by purchasing and sent to the warehouse ▼)

Buyer _____ Approval signature _____ Date _____

Vendor _____ Contact _____ Phone: _____

Vendor's Return Authorization # _____

Amount, if vendor credit is expected \$ _____

Vendor credit invoice# _____ Amount\$ _____ Date: _____

Return address: *(Attached shipping label must be filled out)* _____

Shipping charges to be paid by: Vendor ___ School ___ Other ___

Budget code to be charged

(▼ This section is to be filled out by the warehouse and a copy forwarded back to purchasing ▼)

Picked up by _____ Date _____ # of cartons _____

Warehouse return shipping date _____ Shipped by _____ # of cartons _____

(The warehouse needs to send a copy of the original packing slip with shipment)

Packing notes _____

Carrier _____ Tracking # _____

Freight charges (\$ _____) are being paid by _____