



RETURNED MERCHANDISE REPORT

VENDOR _____ ADDRESS _____ _____ _____ PHONE _____ VENDOR CONTACT _____ P.O./ TRANSACTION # _____	BUYER/ CARDHOLDER _____ DEPARTMENT _____ CREDIT CARD ACCOUNT # _____ DEPARTMENT ACCOUNT # _____
--	--

ITEM DESCRIPTION	STATE PROPERTY NUMBER	QUANTITY	UNIT PRICE	TOTAL

REASON FOR RETURN	
ACTION TAKEN	

SHIPPED VIA:		DATE PICKED UP _____	
<input type="checkbox"/> UPS	<input type="checkbox"/> COMMON CARRIER	SIGNATURE _____	
<input type="checkbox"/> RPS	<input type="checkbox"/> VENDOR P/U	PRINT NAME _____	
<input type="checkbox"/> FED-EX	<input type="checkbox"/> OTHER _____	TRACKING # _____	
<input type="checkbox"/> AIRBORNE			
RMA # _____			

WRITTEN BY _____

DATE _____