



RETURNED MERCHANDISE REPORT

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