

RETURN OF MATERIALS

All materials to be returned must be sent to the District Warehouse for processing along with a Return of Materials Form. This must be done within 30 days of receipt of the item(s). **DO NOT CALL THE VENDOR.** Complete the Return of Material form as follows:

VENDOR NAME: Use the complete vendor name (no initials).

RETURNED BY: Name of individual/person returning material (no initials).

SCHOOL/DEPARTMENT: Name of school site/department returning the material.

PURCHASE ORDER NUMBER: Obtained from the original Purchase Order.

ACCOUNT NUMBER TO BE CHARGED: Indicate the account number to be charged for shipping charges. Vendor will pay for shipping if the wrong item was delivered, or if the item was damaged in transit. School site/department is responsible for shipping charges if the wrong item was ordered or you decide you do not want the item.

QUANTITY: Number of items being returned.

ITEM DESCRIPTION: Brief description of the item being returned including part number.

INVOICE/PACKING SLIP NUMBER: The invoice/packing slip number may be obtained from the Accounting Department. A copy of the invoice/packing slip must be included in the box.

REASON FOR RETURN OF MATERIAL: Mark the appropriate reason for return and make any additional notes necessary to clarify, i.e./ part number and description of correct material. Also, indicate what action the vendor must take, i.e., credit, refund, or exchange. Remember the vendor is under no obligation to accept return for reasons other than damaged or wrong material shipped.

After completing the form, call the Warehouse to schedule pick up of the item. Put the Return of Material form with the box. The District Warehouse will call the vendor to make arrangements for the return.

NOTE: ITEMS RETURNED AS "NOT NEEDED" OR "WRONG ITEM ORDERED" MAY BE SUBJECT TO A 25% RE-STOCKING FEE AND FREIGHT CHARGES

**CARLSBAD UNIFIED SCHOOL DISTRICT
6225 EL CAMINO REAL
CARLSBAD CA 92009
(760) 331-5000**

RETURN OF MATERIALS

Date _____ Returned by _____

Vendor _____ School/Dept. _____

Address _____ Purchase Order No. _____

_____ Postage/Insurance Cost \$ _____

Vendor's employee authorizing return: _____ Date shipped/picked up _____

_____ US Mail UPS UPS Call Tag

Vendor's Return Authorization Number (RMA): _____ UPS No. _____

_____ Budget No. _____

The following material is being returned to your company:

Qty	Description and Product Code	Invoice No.	Unit Price	Total

Reason for return of material: (Please check appropriate items)

Wrong item shipped. Correct item is: _____

*Wrong item ordered. Correct item is: _____

Item received damaged (describe) _____

*Item not needed.

*Other: _____

***Site may incur charges of 25% re-stocking fee and freight charges**

Please issue credit Please issue refund check Please exchange

Principal/Administrator Signature _____