

ARKANSAS TECH UNIVERSITY**REQUEST TO RETURN MERCHANDISE**

(Department Name)
Russellville, AR 72801-2222

Date: _____

Tel: 479-____ - _____

Fax: 479-____ - _____

To: ATU PURCHASING DEPARTMENT

Please provide the following information and attach a copy of the Packing Slip and/or Invoice. Purchasing will request authorization to return the merchandise.

Keep the item(s) in a secure location. If the merchandise was damaged in transit or is defective, KEEP THE ORIGINAL BOX AND/OR PACKING MATERIALS.

Vendor: _____

Telephone No: _____ Fax No: _____

Date Order Placed: _____ Date Order Received: _____

Item Number & Description: _____

Quantity: _____ Unit Price: \$ _____ Total: \$ _____

CHECK THE APPROPRIATE BOX:

	REASON FOR RETURN	EXPLANATION
	Damaged	
	Defective	
	Wrong Item	
	Duplicate Shipment	
	Did Not Order	
	Other	

Cardholder: _____ Last 4 Digits: _____

Cardholder's Signature: _____

Signature of Immediate Supervisor: _____