

# RETURN TO VENDOR

DATE \_\_\_\_\_

DEPT \_\_\_\_\_

VENDOR \_\_\_\_\_

APO \_\_\_\_\_

ITEM NO. \_\_\_\_\_

DESCRIPTION

PROBLEM

VENDOR PICK UP

RETURN TO VENDOR

WILL ACCEPT SUBSTITUTE

CARRIER \_\_\_\_\_

AUTHORIZED BY \_\_\_\_\_

DATE SHIPPED/PU \_\_\_\_\_

ADDITIONAL INFORMATION