



UNIVERSITY OF WASHINGTON
RETURN/REPAIR GOODS MEMORANDUM
 PURCHASING, Box No. 351110

UW P.O. No.	
Date	Budget No.

INSTRUCTIONS: This form is to be completed any time an item is shipped to a vendor. For example:

- Sending a piece of equipment to a vendor for repair or upgrade.
- Returning an item to a vendor because it was ordered in error.
- Returning an item to a vendor because a wrong item or quantity was delivered.
- Sending a piece of equipment to a vendor for trade-in.

IMPORTANT: Before returning an item, obtain vendor approval **AND** get a Return Authorization No. and Vendor Authorization name (to be filled in below).

If vendor shipped the item in error, inform vendor that they are responsible for return shipping/insurance costs.

If the item was ordered in error, the vendor may charge a restocking fee. Confirm the amount with the vendor.

If the item to be shipped is a piece of U.W. inventoried equipment, include the U.W. Tag No. below.

It is strongly recommended that the department insure the shipment for its full replacement value. If the shipment is not insured and is lost or damaged in transit, the department will be responsible for the loss.

Do not ship goods by U.S. Mail. It is difficult to insure such shipments and to track lost shipments.

RETURN MATERIALS TO THIS VENDOR				CUSTOMER RETURN ADDRESS	
				UNIVERSITY OF WASHINGTON	
Vendor Invoice/Packing Slip No.		Vendor Return Authorization No. (IMPORTANT: Include on shipping label)		Vendor Authorization Name	
P.O. Item No.	Qty.	Part No.	UW Tag No.	Description of Item Returned	
REASON FOR RETURN			VENDOR ACTION REQUIRED		
<input type="checkbox"/> Overshipment <input type="checkbox"/> Unordered Item Received <input type="checkbox"/> Wrong Item Shipped			<input type="checkbox"/> Issue Credit <input type="checkbox"/> Ship Catalog/Part No. as ordered _____		
<input type="checkbox"/> Incorrect Item Ordered			<input type="checkbox"/> Issue Credit <input type="checkbox"/> Restock Fee \$ _____ <input type="checkbox"/> Exchange for Part No. _____ \$ _____		
<input type="checkbox"/> Defective			<input type="checkbox"/> Send Replacement <input type="checkbox"/> Issue Credit (No Replacement Required)		
<input type="checkbox"/> Repair/Rebuild/Upgrade			<input type="checkbox"/> Warranty Repair (No Charge) <input type="checkbox"/> Proceed with Repair. Not to exceed \$ _____ without prior approval of customer.		
<input type="checkbox"/> Repair Estimate Only			<input type="checkbox"/> Call customer before proceeding with repair. Phone No. _____		
<input type="checkbox"/> Trade-in Item			<input type="checkbox"/> Trade-in credit allowed \$ _____		
Comments:					
UW DEPARTMENT After completing, route copies as follows: One copy to vendor with shipment One copy to Purchasing, Box No. 351110 Retain a copy for Department			VENDOR After completing, return a copy to: University of Washington Purchasing Department, Box No. 351110 3917 University Way N.E. Seattle, WA 98105-6203 FAX: (206) 543-3854		
Completed By		Phone			
Ship via	Airway Bill No.	Insured for \$	Received by (Print Name)		Date
No. of Cartons	Actual Date Returned		Signature		