**RETURN TO VENDOR / CREDIT MEMO PROCEDURE**

Complete the RETURN TO VENDOR / CREDIT MEMO form using the procedure outlined below.

VENDOR NAME

* Type the vendor’s name in this box.

PURCHASE ORDER NUMBER

* Type the 5-digit purchase order number in this box.

DATE

* Type the current date in this box.

SCHOOL OR DEPARTMENT NAME

* Type your school name or department name in this box.

REQUESTOR

* Type your name in this box.

NUMBER OF BOXES TO BE RETURNED

* Type the total number of boxes that need to be picked up from your site in the box.

QUANTITY

* Type the quantity to be returned to the Warehouse in this box.

UNIT OF MEASURE

* Type the unit of measure (Ex: Each, Box, Carton, Package, Ream, etc…) in this box.

VENDOR’S PART NUMBER

* Type the vendor’s part number (Ex: Product Number, ISBN, SKU, etc…) in this box.

PRODUCT DESCRIPTION

* Type the description of the item to be returned to the vendor in this box.

UNIT PRICE

* Type the unit price in this box.

EXTENDED PRICE

* Leave this section blank. Purchasing will fill in the extended price, sub-total, sales tax, freight, and total credit due sections of the form.

SPECIFY REASON FOR RETURN

* Type a detailed explanation of the reason for the item(s) to be returned to the vendor (Ex: Defective Item: Pages 1, 7, 16 and 42 are missing from the textbook).

\* Save the completed form on your computer (Ex: Save as “Return to Vendor PO 12345”).

\* Send an email message to Hali Smalley (hali.smalley@smusd.org) entitled “Return to Vendor” and attach your completed Return to Vendor form to the email.

\* A completed sample Return to Vendor / Credit Memo form has been provided on the next page for your reference.

 RETURN TO VENDOR / CREDIT MEMO

Section A: School or Department Completes Purchasing completes shaded areas

VENDOR NAME:

SAMPLE

PURCHASE ORDER NUMBER

84256

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **School or Department Name** | Requestor | **Number of Boxes****to be Returned**  |
| **5/25/10** | **Purchasing** | Terry King | **1** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quantity** | **Unit of Measure** | **Vendor’s Part Number** | Product Description | **Unit Price** | **Extended Price** |
| **1** | **Each** | **HEWC4844A** | **HP10 BLACK INK CARTRIDGE** | **28.75** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **SPECIFY REASON FOR RETURN****(Ex: Damaged, Order Error, Shipping Error, Unsuitable)** Reason: Defective Cartridge – Corner of cartridge is cracked and toner is coming out.**ISSUE CREDIT/REFUND TO:**San Marcos Unified School DistrictAttention: Accounting Dept.255 Pico Avenue, Suite 250San Marcos, CA 92069 |  |  |  | Sub-Total |  |
|  |  |  |  | Sales Tax |  |
|  |  |  |  | Freight |  |
|  |  |  |  | **Total Credit Due** |  |

![MCj04348050000[1]]()

**SCHOOL/DEPARTMENT: EMAIL COMPLETED FORM TO** **HALI.SMALLEY@SMUSD.ORG**

Section B: Purchasing Completes – Vendor Communication

|  |  |  |
| --- | --- | --- |
| Date: | Vendor Phone Number: | Vendor Contact: |
| SMUSD Contact: | SMUSD Phone Number: | SMUSD Email: |
| Account Number: | Invoice Number: | Return Authorization Number: |
| NOTES:  |

Section C: For Purchasing / Warehouse / Accounting Use Only

# ACCOUNTING USE ONLY

Rec’d Credit #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INITIALS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### COMMUNICATION BETWEEN PURCHASING AND WAREHOUSE ONLY

 PICKUP LOCATION: Number of Boxes:

* HOLD for Return Authorization
* HOLD for Pre-Paid Label to Return
* Vendor will pick up. Picked Up By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_
* Ship Via UPS

Return Date:\_\_\_\_\_\_\_\_\_\_ Call Tag Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ORIGINAL: VENDOR YELLOW: PURCHASING PINK: ACCOUNTING GREEN: WAREHOUSE