

RETURN TO VENDOR / CREDIT MEMO

Section A: School or Department Completes

Purchasing completes shaded areas

VENDOR NAME:	PURCHASE ORDER NUMBER
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Date	School or Department Name	Requestor	Number of Boxes to be Returned

Quantity	Unit of Measure	Vendor's Part Number	Product Description	Unit Price	Extended Price

<p align="center">SPECIFY REASON FOR RETURN (Ex: Damaged, Order Error, Shipping Error, Unsuitable)</p> <p>Reason: _____</p>	<p align="center">ISSUE CREDIT/REFUND TO:</p> <p align="center">San Marcos Unified School District Attention: Accounting Dept. 255 Pico Avenue, Suite 250 San Marcos, CA 92069</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">Sub-Total</td><td> </td></tr> <tr><td style="text-align: right;">Sales Tax</td><td> </td></tr> <tr><td style="text-align: right;">Freight</td><td> </td></tr> <tr><td style="text-align: right;">Total Credit Due</td><td> </td></tr> </table>	Sub-Total		Sales Tax		Freight		Total Credit Due	
Sub-Total										
Sales Tax										
Freight										
Total Credit Due										



SCHOOL/DEPARTMENT: EMAIL COMPLETED FORM TO MARIBEL.SUAREZ@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

<p align="center">COMMUNICATION BETWEEN PURCHASING AND WAREHOUSE ONLY</p> <p>PICKUP LOCATION: _____ Number of Boxes: _____</p> <ul style="list-style-type: none"> ▪ HOLD for Return Authorization ▪ HOLD for Pre-Paid Label to Return ▪ Vendor will pick up. Picked Up By: _____ Date: _____ ▪ Ship Via UPS <p>Return Date: _____ Call Tag Number: _____</p>	<p align="center">ACCOUNTING USE ONLY</p> <p>Rec'd Credit # _____</p> <p>AMOUNT _____</p> <p>DATE _____</p> <p>INITIALS _____</p>
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