



RETURN INFORMATION
HSC CENTRAL RECEIVING
WEST VIRGINIA UNIVERSITY



Date: _____

All merchandise to be sent out of the Health Sciences Center, for any reason, must be accompanied by this form - FILLED OUT COMPLETELY. All packages must be unsealed for inspection and verification of contents

_____	Purchase Order No. _____
(Department Accounting Officer)	Department Name: _____
PO Box _____	Department Tel. No. _____
Room No. _____	Credit Card No. _____
	Expiration Date: _____

Complete Name and Address of Recipient to which merchandise is to be sent.
(Post Office Box Numbers will not be accepted)

Name & Quantity of Item(s) _____
Amount of Insurance (if needed) _____
Detailed Reason for Item(s) being sent out or returned: _____

All Pertinent Information for Identification

ID Numbers _____
Serial No. _____
WVU Tag No. _____

Repair	<input type="checkbox"/>
Credit	<input type="checkbox"/>
Exchange	<input type="checkbox"/>
Damage	<input type="checkbox"/>
Loaner	<input type="checkbox"/>

R.G.A. No. _____

If Return Goods Authorization No. is Required, Department must Provide

Authorized Signature for Return: _____