



**EUHSD RETURN TO VENDOR / CREDIT MEMO**

Purchasing completes shaded areas

VENDOR NAME:

PURCHASE ORDER NUMBER:

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

SELECT REASON FOR RETURN	DESIRED OUTCOME	Sub-Total	Extended Price
Ordered wrong item in error (site mistake) Broken or Defective Item Quantity Short Other: _____	Credit Account Send Replacement Send Missing Items		
		Sales Tax	
		Freight	
		<b>Total Credit Due</b>	

SCHOOL/DEPARTMENT: EMAIL COMPLETED FORM TO: [mwollenschlager@euhsd.org](mailto:mwollenschlager@euhsd.org)

FOR PURCHASING USE	
DISCREPANCY REPORT NUMBER:	_____
<input type="checkbox"/> HOLD for Return Authorization	
<input type="checkbox"/> HOLD for Pre-Paid Label to Return	
<input type="checkbox"/> Vendor will pick up. Picked Up By: _____	Date: _____
Return Date: _____	Call Tag Number: _____