

RETURNED GOODS NOTICE

SBCSC Purchase Order No. _____

Date _____

Returned to _____ Via _____

Prepaid \$ _____
 Collect

Address _____

Returned Because _____

Replacement to be made? Yes No

Qty.	Part or Cat. No.	Description	Price	Total

Returned OK'd by _____
(Supplier's Representative)

Returned by _____
Address: _____

Return Authorization No. _____

Instructions:

Please include total cost and purchase order number. Pink copy goes in the box with the returned goods. White/Yellow copies send to Stores w/returned goods box.
120114
Revised 2000

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