

# MICHIGAN STATE UNIVERSITY

## EAST LANSING, MICH. 48824

FILL OUT ALL COPIES

Send all copies to the Purchasing Department. A copy will be returned to you after Purchasing issues a material return number. One copy will be returned to you by Stores driver when material is picked up.

### MATERIAL RETURN AND/OR SHIPPING PERMIT

SHIP TO: <b>[REDACTED]</b>			
NAME	DATE	TO BE ISSUED BY PURCHASING	
ADDRESS	MSU P.O. NO. REFERENCE	<b>MR-</b>	
CITY AND STATE	INVOICE NO. OR LETTER REFERENCE	VENDOR: THIS NUMBER AS WELL AS THE PURCHASE ORDER NUMBER MUST APPEAR ON ALL ADDRESS LABELS, SHIPPING PAPERS, AND CORRESPONDENCE WHEN ITEMS ARE REPAIRED OR EXCHANGED.	

(DO NOT USE P.O. BOX ADDRESS UNLESS SHIPPING PARCEL POST)

DEPARTMENT	BUILDING OR LOCATION FOR PICK-UP	ACCOUNT NUMBER/OBJ CODE
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**MATERIAL IS BEING RETURNED OR SHIPPED FOR: CHECK ONE OF THE REASONS BELOW**

- |  |  |  |
|--|--|--|
| 1. <input type="checkbox"/> DUPLICATE SHIPMENT | 6. <input type="checkbox"/> CREDIT             | AMOUNT CHARGED _____                                   |
|  |  | RESTOCKING CHARGE _____                                |
| 2. <input type="checkbox"/> OVERSHIPMENT       |  | APPLICABLE FREIGHT _____                               |
|  |  | NET CREDIT _____                                       |
| 3. <input type="checkbox"/> RECEIVED DAMAGED   | 7. <input type="checkbox"/> EXCHANGE FOR _____ |  |
| 4. <input type="checkbox"/> DEFECTIVE          | 8. <input type="checkbox"/> REPAIR             | 10. <input type="checkbox"/> MERCHANDISE SOLD          |
|  |  | 12. <input type="checkbox"/> WRONG ITEM RECEIVED       |
| 5. <input type="checkbox"/> SAMPLE RETURNED    | 9. <input type="checkbox"/> RENTAL RETURNED    | 11. <input type="checkbox"/> LOAN RETURNED             |
|  |  | 13. <input type="checkbox"/> OTHER (GIVE REASON BELOW) |

QUANTITY	ITEMIZED MATERIALS BELOW. GIVING COMPLETE DESCRIPTION AND STATE IN DETAIL WHY MATERIAL IS BEING SHIPPED. INDICATE APPROXIMATE TOTAL SIZE; WEIGHT OF SHIPMENT AND NUMBER OF PACKAGES.

HOW DO YOU WANT THIS SHIPPED?	<input type="checkbox"/> BEST WAY	<input type="checkbox"/> UNITED PARCEL	<input type="checkbox"/> NEXT DAY AIR	<input type="checkbox"/> VENDOR TRUCK	<input type="checkbox"/> HAZARDOUS MATERIAL (must include MSDS)	DO YOU WANT THIS INSURED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> MSU TRUCK	<input type="checkbox"/> COMMON CARRIER	<input type="checkbox"/> 2ND DAY AIR	<input type="checkbox"/> UPS CALL TAG				
REPLACEMENT VALUE OF SHIPMENT? \$	TRANSPORTATION CHARGES		UNIT ADMINISTRATOR					
	<input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT							

IF THERE ARE QUESTIONS, REGARDING THIS SHIPMENT, CONTACT -- NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**DEPARTMENTS -- DO NOT FILL IN BELOW THIS AREA FOR OFFICE USE ONLY.**

<b>PURCHASING</b>	DISPOSITION	BUYER'S SIGNATURE	DATE	REGA OR RMA NO.		
DATE FORM RECEIVED	<input type="checkbox"/> APPROVED					
	<input type="checkbox"/> SEE REMARKS					
<b>UNIVERSITY STORES</b>	<b>PICK UP FROM DEPARTMENT</b>	DRIVER'S SIGNATURE	DATE PICKED UP	NO. OF CARTONS		
DATE FORM RECEIVED						
SHIPPED VIA	PRO NO.	DATE SHIPPED	WEIGHT			
<b>ACCOUNTING</b>	INVOICE NUMBER	DATE	MSU D/M NO.	DATE	AMOUNT	INITIALS
DATE FORM RECEIVED						
VENDOR'S CM NUMBER OR REFERENCE	DATE	USE AS:			BUYER'S INITIALS	
		<input type="checkbox"/> CREDIT MEMO <input type="checkbox"/> CANCELLATION				
		<input type="checkbox"/> CHANGE ORDER				