



Return To Vendor

DATE:	OUR P.O.
AUTHORIZATION NO.	PERSON AUTHORIZING RETURN
HOW RETURNED	Shipping Charges <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT

QTY.	PART NO.	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
SUB-TOTAL				
TAX				
Handling/Shipping Charges				
TOTAL >				

REASON FOR RETURN	ACTION REQUIRED
<input type="checkbox"/> OVERSTOCK <input type="checkbox"/> OVERSHIPMENT ON P.O.# _____ <input type="checkbox"/> SUBSTITUTION ON P.O.# _____ <input type="checkbox"/> DEFECTIVE (EXPLAIN) _____ _____ _____	<input type="checkbox"/> REPAIR AND RETURN @ NO CHARGE <input type="checkbox"/> REPAIR AND BILL <input type="checkbox"/> REPLACE @ NOCHARGE <input type="checkbox"/> ISSUE FULL CREDIT OTHER _____ _____

TEMPCO CONTACT:

