

298542 SAMPLE RSM FOR OFFICE DEPOT

REQUEST FOR SHIPMENT OF
MERCHANDISE

CENTRAL RECEIVING 1120
WASHINGTON STATE UNIVERSITY

DATE

10/24/12

DO NOT USE

DATE SENT

NO.

CARRIER

CARRIER NO.

SHIP TO:

PLEASE PRINT OR TYPE

BUSINESS NAME

OFFICE DEPOT RETURNS

ATTENTION

STREET NO.

(USE STREET ADDRESS ONLY)

RECIPIENT TELEPHONE NO. (Required)

CITY

STATE

ZIP CODE

SHIP
VIA:

☐

AUTO FREIGHT

☐

GROUND

☐

AIR 1-DAY

☐

AIR 2-DAY

☒

AIR 3-DAY

☒

PREPAID LABEL

NO. OF CARTONS

1

SPECIAL INSTRUCTIONS

DESCRIPTION OF MERCHANDISE

108563 soap refill

OFFICE DEPOT ORDER REF
631063459

BILLING:

☒

PREPAID

☐

BILL
RECIPIENT

RECIPIENT
ACCOUNT #

☐

AUTO
FREIGHT
COLLECT

INSURE?

☒

NO

☐

YES

VALUE
PER CTN. \$

DEPT.
ACCT.

BUDGET

PROJECT

OBJ

PREPARER E-MAIL

paul@wsu.edu

COMPLETE THIS SECTION IF SHIPPING HAZARDOUS MATERIAL

HAZARDOUS MATERIAL?

☒

NO

☐

YES

HAZARDOUS MATERIAL DESCRIPTION:

☐

DRY ICE

WEIGHT
IN KG.

☐

OTHER

HAZARDOUS MATERIAL PACKAGE PREPARER (Print name)

TELEPHONE

COMPLETE THIS SECTION IF RETURNING MERCHANDISE

PURCHASE
ORDER
NUMBER

FIELD ORDER NO.

F

OR

KORDER NO.

OR

BLANKET ORDER NO.

B

ITEM NO.

☒

CHECK IF THIS IS A
PURCHASING CARD
TRANSACTION

REASON FOR
RETURNING
MERCHANDISE

☒

WRONG ITEM

☐

WRONG
DELIVERY
ADDRESS

☐

REPAIR

☐

DAMAGED

☐

OTHER

HAS VENDOR BEEN CONTACTED?

☒

YES

☐

NO

(IF YES, ENTER NAMES, DATES, AND DESCRIPTIONS OF VENDOR CONTACTS BELOW.)

RETURN AUTHORIZATION NO.

10241CR1105

AUTHORIZED NAME

Paul Porter

DEPARTMENT

PURCHASING SVCS

AUTHORIZED SIGNATURE

Paul Porter

WSU MAIL CODE

1020

Retain the goldenrod copy as a control copy.
Forward the other three copies to Central Receiving with the merchandise.

WSU1212-GENEX111-1108