REQUEST FOR SHIPMENT OF MERCHANDISE

CENTRAL RECEIVING 1120
WASHINGTON STATE UNIVERSITY

DATE: 10/24/12

SHIP TO: PLEASE PRINT OR TYPE

OFFICE DEPOT RETURNS

STREET NO. (USE STREET ADDRESS ONLY)

CITY

STATE

ZIP CODE

SHIP VIA:

- AUTO FREIGHT
- GROUND
- AIR1-DAY
- AIR2-DAY
- AIR3-DAY
- PREPAID LABEL

NO. OF CARTONS

SPECIAL INSTRUCTIONS

DESCRIPTION OF MERCHANDISE

108563 soap refill

BILLING:

- PREPAID
- BILk

INSURED?

- NO
- YES

HAZARDOUS MATERIAL?

- NO
- YES

HAZARDOUS MATERIAL PACKAGE PREPARER (Print name)

COMPLETE THIS SECTION IF SHIPPING HAZARDOUS MATERIAL

COMPLETE THIS SECTION IF RETURNING MERCHANDISE

PURCHASE ORDER NUMBER

FIELD ORDER NO. F

KORDER NO. OR

BLANKET ORDER NO. OR

ITEMNO.

CHECK IF THIS IS A PURCHASING CARD TRANSACTION

REASON FOR RETURNING MERCHANDISE

HAS VENDOR BEEN CONTACTED?

RETURN AUTHORIZATION NO.

AUTHORIZED NAME

Paul Porter

DEPARTMENT

Purchasing SVCS

AUTHORIZED SIGNATURE

WSU MAIL CODE

1020

Retain the goldenrod copy as a control copy.

Forward the other three copies to Central Receiving with the merchandise.