INSTRUCTIONS FOR COMPLETING
A MERCHANDISE RETURN MEMORANDUM

A merchandise return memorandum form must be completed whenever merchandise is returned to the vendor. The form identifies item being returned, reason for the return, and whether the District prefers credit or replacement.

Copies are forwarded by the Receiving Department to vendor, District Accounting Department, and requestor.

Usually this form is completed by the Receiving Department. Since the person returning the merchandise has to supply the Receiving Department with the necessary information to complete the form, it is beneficial to know how to complete it.

1. **Vendor** — Insert the same vendor name that was used on the original purchase order.
2. **Date** — Enter date merchandise was shipped.
3. **Address** — Get instructions from vendor. Sometimes return merchandise is sent to a specified address.
4. **Purchase Order Number** — Insert purchase order number that merchandise was received under.
5. **Carrier** — Insert name of transportation firm that originally delivered merchandise.
6. **Prepaid/Collect** — Indicate how shipping costs are to be handled. Liability for shipping cost must be determined before merchandise is sent to the receiving department for return.
7. **Vendor Return Authorization Number** — Obtain this number from vendor before items are returned. Many vendors will not accept returns without authorizing number.
8. **Description** — Insert same description that was used on original purchase order.
9. **Reason for Return** — Insert concise reason for merchandise being returned.
10. **Returned For** — Identify what remedy you want from vendor: credit, replacement or repair.
11. **Returned Via** — Insert name of transportation company used to transport merchandise back to vendor.
12. **Name/Address** — Insert name address of worksite returning merchandise.
13. **Signers** — Signature of person authorized to return merchandise.

LOS RIOS COMMUNITY COLLEGE DISTRICT
1919 Spanos Court
Sacramento, California 95825

MERCHANDISE RETURN MEMORANDUM

To: _____

_____

_____
(City) (State) (Zip)

Date Received _____

P.o. No. _____

Carrier _____

Ship Via - Prepaid ☐ Collect ☐

Vendor Return
Authorization No._____

ITEM	QUANTITY	COMPLETE DESCRIPTION	AMOUNT

Reason for Return _____
(Specify & describe: damaged, over-shipment, not as specified, other)

_____

Returned for: Credit ☐ Replacement ☐ Repair ☐

Returned Via: (Attach Shipping Receipt)
_____

College: _____ Date Returned
_____

Address: _____ Signed _____

WHITE: Vendor YELLOW: Accounting/D.O. PINK: Receiving GOLDENROD: Department

GS Form #14 - Revised 5/97