



Returned Goods Notification

Accounts Payable
McClain 106
100 East Normal
Kirksville, MO 63501-4221

General Information About Returned Goods

Name of Vendor _____ P.O. # _____

Items returned or rejected and reason _____

Date(s) Item(s) Returned _____

Information From Vendor

Return Shipping Instructions _____

Return Authorization # _____

If return authorization number was obtained by phone, please list the name and telephone number of the vendor representative issuing the information.

Name _____ Telephone # _____ Date _____

If return authorization was approved by letter, please attach a copy of letter.

Vendor Will: issue credit memo send new goods issue refund (pre-paid orders only)

Other Comments _____

Signature of Division Representative Completing Form _____ Date _____

Return Original To: Accounts Payable
Truman State University
McClain Hall 106
100 East Normal
Kirksville, MO 63501-4221

Please Make and Retain Copy for Your Records