



# SOLANO COMMUNITY COLLEGE DISTRICT

## Authorization Form for Returning Items

***This form must accompany package(s) to be returned.***

DATE: \_\_\_\_\_

PURCHASE ORDER #: \_\_\_\_\_

**RETURN TO:** (Provide complete mailing address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**From:**

Name: \_\_\_\_\_

Dept: \_\_\_\_\_

Phone: \_\_\_\_\_

**AUTHORIZATION INFORMATION:**

RMA # (Return Materials Authorization Number): \_\_\_\_\_

Vendor Contact Authorizing Return: \_\_\_\_\_

Vendor Phone Number: \_\_\_\_\_

**ITEM DESCRIPTION DETAILS:**

Description of Item Being Returned: \_\_\_\_\_

Fixed Asset Number (If applicable): \_\_\_\_\_

Serial Number (If applicable): \_\_\_\_\_

**REASON FOR RETURN:**

\_\_\_\_\_Repair and Return

\_\_\_\_\_Return for Credit or Refund

\_\_\_\_\_Return for Replacement

**Note regarding Vendor:** If reason for return is "Repair and Return" or "Return for Replacement," the vendor is to ship items to the attention of the District Warehouse at the above address.

**ADDITIONAL COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

**SCC WAREHOUSE SHIPPING INSTRUCTIONS:**

\_\_\_\_\_Fed Ex

\_\_\_\_\_UPS

\_\_\_\_\_DHL

Ship Via: \_\_\_\_\_ Shipped: \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_

**Please direct any questions you may have to the Warehouse Staff at Ext. 4434.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_