

Capistrano Unified School District
32972 Calle Perfecto
San Juan Capistrano, CA. 92675-4792

Vendor Return Merchandise Authorization

School / Dept:

P.O. #:

Contact Person:

Phone #:

**VENDOR NAME AND COMPLETE ADDRESS: (NO P O BOX)
UPS / FED EX / ETC. WILL NOT DELIVER TO P O BOX**

Customer Service / Sales REP:

Company:

Address:

City:

State:

ZIP Code:

* Vendor Return Merchandise Authorization #:

Merchandise Value:

Account Code to Charge:

**ENCLOSE LEGIBLE COPY OF PO, PR, AND PACKING LIST WITH COPY OF
ANY CORRESPONDENCE / NOTES WITH VENDOR.**

* **RMA / RA** Numbers assigned by vendor to track item back into their Company.

**THIS INFORMATION
WILL BE KEPT ON FILE
BY WAREHOUSE FOR
TWO (2) FISCAL YEARS
ONLY**