



WAREHOUSE DISCREPANCY/RETURN REPORT

Fill out the form below completely. All receipts should be attached to the form and emailed to purchasing@ovsd.org.

Date _____

Submitted by _____

Phone _____

Email _____

Order Number/ PO # _____

Account Number _____

Description of Purchase:	Amount
_____	_____
_____	_____
_____	_____
Total	_____

Notes/ Resolution:

PURCHASING OFFICE USE ONLY	
Date Received: _____	RMA# _____
Received By: _____	
RETURNED FOR: DATE: _____ <input type="radio"/> INADEQUATE DESCRIPTION <input type="radio"/> LACK OF ATTACHMENTS <input type="radio"/> OTHER	