



UPTOWN RETURN GOODS FORM

Receiving Department
8333 Maple Street
New Orleans, LA 70118

TEL: 504-865-5279 FAX: 504-314-2676
E-MAIL: vallory@tulane.edu

Departments should return goods ordered on Purchase Orders through the Department of Materials Management and should NOT contact vendors directly.

The following information is required to complete a return:

PO# or Req'n #; Reason for return; Return for (credit, replacement, etc.); Signed hazmat statement

Attach this form to the package and contact Receiving for pick up.

Date pickup requested _____

PO/Req'n #: _____

Dept: _____

Vendor: _____

Acct/Project #: _____

Vendor Invoice #: _____

Tulane Voucher #: _____

Vendor Acct #: _____

Buyer: _____

Date Return Requested: _____

RA #: _____

Return To Address: _____

Item to be returned: _____

Reason/Comments: _____

Value: _____

Picked up by: _____

Shipped via: _____

Carrier

Tracking Number

Date Returned

DOES THIS SHIPMENT CONTAIN HAZARDOUS MATERIALS?		
NO	YES	UN# _____
_____ Signature		

Return for: Credit

Refund

Replacement

SEND CREDIT MEMO or REFUND TO:
TULANE UNIVERSITY
INVOICE PROCESSING
BOX 5047
NEW ORLEANS, LA 70118
FAX (504) 862-8935

REPLACE AS:

Ordered

Per change order

Other, preattached