

INDEPENDENT SCHOOL DISTRICT NO. 1

3317 12TH STREET

LEWISTON ID 83501

REQUEST TO RETURN MERCHANDISE

Vendor: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

PO #: \_\_\_\_\_

Employee requesting return: \_\_\_\_\_

Items to be returned: \_\_\_\_\_

Reason for return: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\*\*\*\*FOR BUSINESS OFFICE USE ONLY\*\*\*\*

Date vendor contacted: \_\_\_\_\_ Person contacted: \_\_\_\_\_

RMA #: \_\_\_\_\_ Date of return: \_\_\_\_\_

Value of item: \_\_\_\_\_ Refund or credit requested: \_\_\_\_\_

Please attach any return information

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