



LAKE SUPERIOR STATE UNIVERSITY

REQUEST TO SHIP

For LSSU use: (Submit form to Purchasing; Deliver package to Receiving with a copy of form)

Name: _____

Dept: _____

Date: _____

Purchase Order # or P-Card: _____

Value of item(s): \$ _____

Fixed Asset Inventory #: _____

Reason for return/shipment: (defective, incorrect item, preview item, repair estimate)

- Refund
- Credit
- Other _____

Items being returned/shipped:

Quantity:	Item Description:

Return/shipping address: (PO Box not acceptable)

Ordered from Address:

CONFIRMATION: Per Return authorization number _____ assigned by
_____ on _____
(Company representative/and telephone number) (date)

(Purchasing Officer)
WD/N/Forms/Ship Return Request

(date)