



**THE UNIVERSITY OF IOWA**  
Accounts Payable Department

**RETURN GOODS**  
AUTHORIZATION

TO:

<p><b>THE UNIVERSITY OF IOWA</b> <b>ACCOUNTS PAYABLE</b> 202 PCO IOWA CITY, IA 52242-2500</p>
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Purchase Order #
Vendor Name
Date Form Completed
Invoice #
Voucher #

FROM:

Reported by / Phone #		
Dept. #	SubDept #	Department / Bldg / Room #
Dept / Requester Signature		

**INSTRUCTIONS FOR RETURNS:**

1. Contact vendor for return authorization number and shipping instructions.
2. Return goods.
3. Complete this form and send to Accounts Payable, PCO-202.
4. Keep a copy of this form in your files.

Return Authorization #		Vendor Contact Name & Phone #		Return Ship Date	
Bill shipping Charges to ->	Customer Code	Collect Acct. #		Other	
Reason for Return					
<input type="checkbox"/> 1. Other: _____	<input type="checkbox"/> 2. Incorrect item(s) Shipped	<input type="checkbox"/> 4. Duplicate Shipment	<input type="checkbox"/> 6. Defective	\$ _____	
_____	<input type="checkbox"/> 3. Incorrect item(s) ordered	<input type="checkbox"/> 5. Received Damaged	<input type="checkbox"/> 7. Restocking fee to be charged	% _____	

Quantity	Unit	(Vendor Stock #)	(UI Stock #)	Item Description	Unit Price / Price Adjustment	Extension
<p>NOTES / COMMENTS / INFORMATION / MESSAGES / ETC:</p>						<p><b>Total ---&gt;</b></p>

**RETURN SHIP TO:**

Name of person		Phone
Name of Company		
Street Address		
City	State	Zip

Return Carrier or Sale Rep Signature		Tracking Number
<input type="checkbox"/> Common carrier	<input type="checkbox"/> UPS Ground	<input type="checkbox"/> 2nd day service <input type="checkbox"/> Next day air
<input type="checkbox"/> Collect	<input type="checkbox"/> Prepaid	<input type="checkbox"/> Third party <input type="checkbox"/> Cash
Dry Ice (lbs)	Total Weight	Cost