



Office Memorandum

Claim Report and Return Merchandise/Shipping Request

From: _____ **Telephone:** _____
(Office School or Department Name)

California State University, Los Angeles
5151 State University Drive
Los Angeles, CA 90032

By: _____ **Date:** _____
Signature (of person filing report)

Claim Report *for Damaged, Defective or Incorrect Merchandise*

Date Merchandise Received: _____

Purchase Order Number: _____ Estimate No. _____

Vendor: _____

Merchandise Items: _____

Nature of Claim: _____

Comments: _____

RETURN MERCHANDISE /SHIPPING REQUEST

Ship To _____

Attention _____

Purchase Order No. _____

Reason for Return _____

Contents _____

Please Check One: Prepaid ☐ Collect ☐ Charge Acc # _____

Insure for \$ _____

Shipping & Receiving will automatically arrange for carrier transportation, however, if a specific mode of transportation is required, please advise: _____

Please forward the original and a duplicate to Shipping & Receiving

Receiving Use Only

RSR No. _____

Shipped Via _____

UPS Sales Memo No _____

Date _____