



THE UNIVERSITY OF
MISSISSIPPI

Office of Procurement Services

RETURN REQUEST

Department Name: _____ Contact Person: _____

Building and Room Number Where To Pick Up: _____

Contact Phone Number: _____

Purchase Order Number Items was Originally Purchased On: _____

RMA Number: _____

UM Property Number if Applicable: _____

Address To Be Sent To: ATTN: _____

Does This Shipment Contain Hazardous Materials? ____ YES ____ NO

If Yes, Please Explain: _____

Is this a RETURN ONLY: _____

Will It Be REPLACED: _____ REPAIRED: _____

Is it a DUPLICATE: _____ DAMAGED: _____

Insure Shipment for \$ _____

If there is a charge for the repair, New Purchase Order Number: _____

Description of Item and Repair(s): _____

University departmental account number for shipping to be charged: _____

Send this form to **PROCUREMENT SERVICES- PROPERTY/RECEIVING** for approval/ acknowledgement.