

# RETURNED GOODS TO VENDOR REPORT

**MCKINNEY INDEPENDENT SCHOOL  
DISTRICT  
#1 Duvall Street  
McKinney, Texas 75069  
Accounts Payable (469) 302-4000**

**RETURNING GOODS TO VENDOR NAMED BELOW**

\_\_\_\_\_  
(VENDOR #)

\_\_\_\_\_  
(VENDOR NAME)

\_\_\_\_\_  
(VENDOR INVOICE OR ORDER#)

\_\_\_\_\_  
(MISD PURCHASE ORDER#)

\_\_\_\_\_  
(DATE OF RETURN)

\_\_\_\_\_  
(METHOD OF RETURN)

\_\_\_\_\_  
(CAMPUS CONTACT PERSON)

Quantity Ordered	Quantity Received	Quantity Returned	Vendor Stock Number	Description

REASON FOR RETURN	ACTION REQUESTED/TAKEN	CONTACT PERSON
<input type="checkbox"/> DEFECTIVE <input type="checkbox"/> OVERSHIPMENT <input type="checkbox"/> SUBSTITUTION	<input type="checkbox"/> CREDIT WILL BE ISSUED <input type="checkbox"/> CORRECTED INVOICE ISSUED <input type="checkbox"/> REPLACE/NO CHARGE	_____ (VENDOR CONTACT PERSON) _____ (VENDOR AUTHORIZATION #)

<b>SEND 1 COPY TO CDC FAX – 469-302-2251</b>	<b>SEND 1 COPY TO ACCOUNTS PAYABLE FAX – 469-302-4127</b>
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