



Return Notice

To: Community College of Rhode Island
Purchasing Department

From: _____

Vendor: _____

Order #: _____
Account #: _____
RA #: _____

FOR RETURNS

Date	Quantity	Full Description	Original Price

Reason for Return:

Authorized Agent

Person Making Return

FOR EXCHANGES

Date	Quantity	Full Description	New Price	Orig. Price	Difference

Authorized Agent

Receiving Clerk

OFFICE USE ONLY			
Comp.	Pre Audit	Adjustment	
		<u>Cash</u>	<u>On Account</u>
		Date: _____ Receipts Vo. _____	Date: _____ Pay Vo. _____