



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	
		Cash	On Account
		Date: _____ Receipts Vo. _____	Date: _____ Pay Vo. _____