



Southeastern Louisiana University

Central Receiving



Merchandise Return / Ship Request Form

One Form Per Package -- Table Panels In Red Must Be Completed To Process *

Requester Information		
Employee Name *		Ex: John Doe
Employee Email Address *		Ex: jdoe@selu.edu
Employee Department Name *		Ex: Engineering
Employee Dept Box Number *		Ex: 10999
Employee Campus Phone Number *		Ex: 2064

Return / Ship Handling Information		
Select Whether Return or Ship via UPS *	▼	Ex: Return Merchandise
Select Form of Return / Ship Desired *	▼	Ex: Ground, Next Day, 2nd Day
State Associated SLU PO or REQ No. *		Ex: 555666 or n/a
Insert Return Authorization Number *		Ex: RA123456 or n/a
Budget Unit To Assess If Any Charges *		Ex: 1234
Note: UPS coverage per package up to \$100. If insurance needed, requester must declare a value.		
Package Value If Insurance Required		Ex: 1,850.00

Return / Ship Destination Information		
Vendor Name *		Ex: Acme Supply Company
Vendor Street Address 1 *		Ex: 12345 Main Street
Vendor Street Address 2		Ex: Plaza Bldg, Suite 710
Vendor City *		Ex: Baton Rouge
Vendor State *	▼	Ex: LA
Vendor Zip *		Ex: 70894-plus
Vendor Phone No. *		Ex: 225-768-3232

Items Being Returned / Shipped			
Item	Item Description	Quan	Measure
01			▼
02			▼

03			▼
04			▼
05			▼
06			▼
07			▼
08			▼
09			▼

Comments or Further Instructions

If All Table Panels In Red Completed -- Print Form, Sign & Date

Requester Submitting Package For Return / Ship	
Requester Signature:	Date:

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