



THE UNIVERSITY OF  
WINNIPEG

PURCHASING SERVICES  
204-786-9701 204-786-9175

# RETURN OF GOODS

**ALL GOODS BEING RETURNED TO A VENDOR MUST BE ACCOMPANIED BY THIS FORM AND COPIES  
SENT TO PURCHASING SERVICES AND ACCOUNTS PAYABLE**

Date: \_\_\_\_\_

Return to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UW PO Number (if applicable): \_\_\_\_\_

Packing Slip Number (if applicable): \_\_\_\_\_

Invoice Number (if applicable): \_\_\_\_\_

Return Authorization (RMA) No. (REQUIRED): \_\_\_\_\_

Item Ordered

\_\_\_\_\_  
\_\_\_\_\_

Item Received

\_\_\_\_\_  
\_\_\_\_\_

Reason for Return

\_\_\_\_\_  
\_\_\_\_\_

Return for:      Replacement      Credit      Other: \_\_\_\_\_

Returned by: \_\_\_\_\_      Department: \_\_\_\_\_

Department account number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supplier or Agent on Receipt of Goods

\_\_\_\_\_  
Date