MERCHANDISE RETURN & OR TRANSFER FORM

TO: _____

FROM: _____

DATE: _____

PLEASE CHECK ONE :

☐ NO LONGER NEEDED

☐ STOCK ITEM CREDIT TO SCHOOL

ASSET ITEM ONLY:

IF CHECKED BELOW : _____

APPROVED BY: BUSINESS OFFICE

☐ TRANSFER / BETWEEN SCHOOL / OR DEPARTMENT

TO: _____ FROM: _____

STOCK #	QUANITY	ITEM DESCRIPTION	ORIGINAL REQ./ ORDER #

DISTRICT USE ONLY:

☐ STOCK QTY. ADJUSTMENT

☐ 0 BALANCE

RETURN / REFERENCE # _____

MERCHANDISE RECEIVED BY: _____

DATE : _____