

EXCESS MATERIALS/RETURN TO VENDOR FORM

CORPORATE OFFICE

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alwaysenpointe.com

DATE _____

PERSON COMPLETING FORM _____

ITEM #/PART # _____

INVOICE OR PACKING LIST # _____

P.O. # _____

JOB #/SUPPLIES _____

VENDOR _____

PRODUCT LOCATION (BUILDING/DEPARTMENT/OFFSITE) _____

DESCRIPTION OF PRODUCT TO BE RETURNED

FOR PAPER REMEMBER TO INCLUDE: BASIS WEIGHT, SIZE, COLOR, BRAND, FINISH

TOTAL QTY _____

NO. OF SKIDS _____

NO. OF CARTONS _____

LOOSE _____

PIECES PER SKID _____

PIECES PER CARTON _____

TOTAL _____

TOTAL _____

TOTAL _____

REASON FOR RETURNING**PURCHASING TO COMPLETE**

DATE CALLED _____

PERSON ACKNOWLEDGING RETURN _____ RA# _____

CHOOSE ONE: REPLACED BY NEW PRODUCT CREDIT COMING

DATE OF PICKUP _____

SHIPPING SIGNATURE _____