

****PACKAGES AND RETURNS****

PLEASE COMPLETE THIS FORM AND RETURN TO BUSINESS OFFICE WHEN MAILING ANY PACKAGE.

THIS FORM MUST ALWAYS ACCOMPANY THE PACKAGE

COMPANY NAME: _____

MAILING ADDRESS: _____

MAKE SURE YOU HAVE THE CORRECT RETURN ADDRESS!!

DESCRIBE ITEM: _____

REASON FOR SHIPPING: _____

WAS THIS ITEM RECEIVED ON APPROVAL? YES NO

PURCHASE ORDER #: _____ **ITEM COST: \$** _____

IS THIS PACKAGE FRAGILE? YES NO

DOES THIS PACKAGE CONTAIN BOOKS, TAPES, OR PRINTED MATTER? YES NO

DATE SENT TO DISTRICT OFFICE: _____

Employee Signature: _____

BUSINESS OFFICE USE:

**All packages must be sent CERTIFIED or REGISTERED. (No insurance required)
Return receipt must be filed in business office.**

METHOD OF RETURN:

- US POSTAL SERVICE**
- UPS**
- FED EX**

POSTAGE AMT? \$ _____

DATE SHIPPED _____

TRACKING # : _____

INITIALS: _____

DATE RECEIVED IN DISTRICT OFFICE