

**Office Supply Return**

Date:

Quantity Returning	Unit of Measure	Description	Item Number	Invoice Number	Reason for Return

Contact Name
Contact Phone

Total
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Shipping Information	
Requesting Office	Pick Up Location (if not in Hoover)

Cost Center for Billing	Return Completed Form via E-mail to:
	DHS, Supply

Supply Unit Section Only
Date Received
Ordered From
Date Received From
Filled By
Date Shipped