

## Return Authorization (RMA) Request Form

Please fax or contact the Vendor to receive a valid RMA #

Name	
University ID #	
Phone #	
Fax #	
Department	
Org ID	
PO #	

Vendor	
Vendor #	
Address	
City	
State	
Zip Code	
RMA #	

IS THE VENDOR ISSUING A CREDIT FOR THIS RETURN?

☐

YES

☐

NO

### Reason for Return:

Damaged Product (explain)

Wrong Product (explain)

Other (explain)

Line	Item #	Description	Qty	UOM	Unit Cost	Expiration Date -Lot # (if applicable)

Please enter shipping and tracking information here:

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Vendor: Please return this document to University Health Care at the fax number listed above