



ROCKY  
MOUNTAIN  
COLLEGE

## Returned Purchase/Canceled Services Form

Date of Return or Cancellation: \_\_\_\_\_

Vendor Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vendor Phone Number and Contact Name: \_\_\_\_\_

\_\_\_\_\_

Item returned or service canceled (describe completely): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

Purchase order number: \_\_\_\_\_ Running P.O.? \_\_\_\_\_

Account number charged on P.O. \_\_\_\_\_

Delivery date \_\_\_\_\_

\_\_\_\_\_

Describe discussion with vendor (who pays return freight, will they send a refund or credit our account):

---

---

---

---

---

Department: \_\_\_\_\_

Signature of person who returned/canceled: \_\_\_\_\_

---