

**COMMUNITY COLLEGE OF SOUTHERN NEVADA
RETURN SHIPPING AUTHORIZATION FORM -**

From: _____

Date: _____

Department Requesting Shipping

Department Contact Name

Ship: Parcel Post _____ UPS _____
Air Frt _____ Truck _____ Other _____

Account # for paying for shipping

Number of Boxes: _____

INSURED: YES ___ NO ___

Contents of each box: Est. Value of each box:
(Use additional page if necessary)

PO #

- | | | | |
|----|-------|----------|-------|
| 1. | _____ | \$ _____ | _____ |
| 2. | _____ | \$ _____ | _____ |
| 3. | _____ | \$ _____ | _____ |

RETURN MERCHANDISE AUTHORIZATION (RMA) number: _____

NAME OF COMPANY REPRESENTATIVE: _____
(Person authorizing return)

PHONE #: _____ **FAX #:** _____

SHIP TO: _____
(Company)

(Address)

(City, State, Zip)

Reason for return:

Print Name: _____ Signature: _____