



**College of Southern Nevada
Return Shipping Authorization Form**

Department Requesting Shipping: _____		Date: _____
Department Contact Name: _____	Department Contact Phone: _____	Preferred Shipping Method:
Department Program #: _____		FedEx <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input type="checkbox"/>
Number of packages being shipped: _____		Other <input type="checkbox"/>
		Insured: YES <input type="checkbox"/> NO <input type="checkbox"/>
		Amount of insurance: <input type="text"/>

Contents of package 1: _____	Asset Tag #: _____	PO # or P-Card PCV#: _____
Contents of package 2: _____	Asset Tag #: _____	PO # or P-Card PCV#: _____
Contents of package 3: _____	Asset Tag #: _____	PO # or P-Card PCV#: _____

RETURN MERCHANDISE AUTHORIZATION (RMA#): _____

Vendor: _____	Representative Name: _____
Vendor Phone: _____	Vendor Fax: _____
SHIPPED TO:	_____
	Company

	Address

	City, State, Zip

Reason for Return: _____

Printed Name: _____ Signature: _____