OREGON HEALTH & SCIENCE UNIVERSITY

Returned Goods Authorization - Capital Assets

CHECK BOX(ES) THAT APPLY				
CREDIT	REPLACE	REPAIR	RETURN	RECALL

VENDOR_____ DATE OF PURCHASE_____ DATE OF RETURN_____

***Please attach a vendor receipt of returned item**

INVENTORY TAG NUMBER	DESCRIPTION	MANUFACTURER	MODEL AND SERIAL NUMBERS	PO NUMBER	REASON FOR RETURN	AMOUNT OF CREDIT RECEIVED, IF ANY	MODEL AND SERIAL NUMBERS OF REPLACEMENT, IF ANY	WHO PAID SHIPPING? VENDOR	OHSU	AMOUNT PAID BY OHSU, IF ANY

PLEASE RETURN TO CAPITAL ACCOUNTING, MAIL CODE: AD201

PLEASE READ

INSTRUCTIONS:

Please provide the information requested above. If you do not have all of the asset information, please contact Capital Accounting. Contact info can be located at http://www.ohsu.edu/xd/about/services/financial-services/managing/capital-accounting.cfm

Also attach a receipt documenting the returned item from the vendor.

Providing detailed information regarding the returned assets allows us to account for the transaction appropriately.

Approved by:_____
(Department head)

Dept:_____