Return Authorization Form OF-80

Central Connecticut State University East Hall Receiving Room Wells Street New Britain CT 06050-4010

(For	Purchas	ing De	nt Use
(- 0-			

OF-80 Number

Vendor Name:		Return Authorization Number		PO #			
					PO Date		
					Department		
		Return Autho	orized By		- Contact		
					Contact phone #		
SHIP TO (if different than above):		Return Option	ns: Vendor Pickup		Parcel Post		
			UPS		Other (please indicate)		
	Insurance: Insurance is recommended for items valued at over \$1000.00. Indicate here the value (actual or estimate) of the returned item(s) \$						
Note to vendor: Repairs, replacements and exchanges should be sent to the CCSU Receiving Room (address above) and should reference the OF-80 number in the upper right hand corner.		[] Return for re [] Return for re [] Return for ex	repair estimate replacement (same item) due to defect Room Number		[] Receiving to pick up item(s) here - Building Room Number [] Dept will arrange to bring item(s) to the Receiving Room		
Material to be shipped. Please give complete description, including serial or tag number if applicable. This space should also be used to describe the item to be received as an exchange (including value), or amount of credit to be issued by the vendor.							
			CCSU Tag or Serial # Vendor's Carrier Account #				
Received by (Vendor or vendor's agent)		Thomas J. Brod	eur, C.P.M., Director of	Purchasing	Date		
	FOR RECEIVING ROOM/SHIPPING USE –						
	Shipped Via:	P	ro. No				
	Date Returned:	B	By:				
03/17/04	DISTRIBUTION: Original – OF-80 file 1	copy to Receiving	1 copy to Accou	unts Payable	1 copy to Department		