

REQUEST FOR ADJUSTMENT FORM

RFA

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Date _____
 Vendor _____
 Address _____
 City _____ State _____ Zip _____



Account Number			Subcode	Department	Original Purchase Data			
					Date	PA	Requisition	P.O.
TYPE TRANSACTION								
<input type="checkbox"/> Repair		<input type="checkbox"/> Replacement		<input type="checkbox"/> Return for Credit		<input type="checkbox"/> Other _____		

MATERIAL IN QUESTION						
Quantity	UM	Catalog or Part No.	University	Description or Model Number	Unit Price	Total Price

EXPLANATION/ACTION TO BE TAKEN

Vendor Representative: _____	Authorized Return Via RA#: _____
Shipping Instructions: CR: Department will send to CR: Ship via _____ CR: Pick up at department, Bldg./Room _____ Contact _____ Phone _____	Central Receiving Shipped to/picked up by Vendor, via: _____ Date _____ UPS Call Tag: Yes <input type="checkbox"/> No <input type="checkbox"/>
Authorized Purchasing Signature _____	