

TURTLE MOUNTAIN SCHOOL DIVISION

3 - B

RETURNED GOODS AUTHORIZATION

SUPPLIER NAME: _____

INVOICE NO. _____

P.O. NO. _____

DESCRIPTION OF ITEMS RETURNED _____

AMOUNT _____

METHOD OF TRANSPORTATION _____

PERSON RETURNING ITEMS _____

RETURN AUTHORIZATION NO.
FROM SUPPLIER _____

NAME OF SUPPLIER CONTACT
PERSON _____

BILL OF LADING COPY ATTACHED YES _____ NO _____

IF NO, PLEASE PROVIDE
EXPLANATION _____

Please remit a copy of this form to the attention of Accounts Payable at the Division Board Office.