

CITY COLLEGES OF CHICAGO—DISTRICT OFFICE
ADMINISTRATIVE SERVICES
RETURN MERCHANDISE
Request Form SR-114

General Information

Please allow approximately 5 business days for the merchandise to be picked up. After the five days if the merchandise hasn't been picked up we will contact the originating department. This form will remain in our files for future reference, if you wish to have a copy please let us know.

Instructions

Please complete this form, you may bring your merchandise to room 103/105, or call to have the merchandise picked up. If you have any questions please call x2581 Mail Center.

Date _____

Sender Information

First Name: _____ Last Name: _____
Tel. Extension: _____ Fax Number: _____
Department: _____ Room No: _____

Vendor Information :

Company or Name: _____ Telephone: _____
*RMA# _____ Fax: _____
Street: _____
Room/Floor: _____
Department: _____
City: _____
State: _____
ZIP: _____

General Description of Package Contents: _____

Number of Packages: _____

***Return merchandise authorization number**

For vendor use only

Received by (Printed Name) _____
Date: _____

For Mail Center use only

Released by: _____