

## RETURN GOODS MEMO

DATE \_\_\_\_\_ RECHARGE ID: \_\_\_\_\_ PO# \_\_\_\_\_  
(original purchase order)

TO: \_\_\_\_\_ FR: UCLA/CHEMICAL ENGINEERING  
\_\_\_\_\_ 420 WESTWOOD PLAZA, 5531 B.H.  
\_\_\_\_\_ LOS ANGELES, CA 90095-1592  
\_\_\_\_\_  
\_\_\_\_\_

TEL: \_\_\_\_\_ TEL: \_\_\_\_\_

DESCRIPTION OF ITEM: \_\_\_\_\_  
\_\_\_\_\_

REASON FOR RETURN: \_\_\_\_\_  
\_\_\_\_\_

SHIP VIA: \_\_\_\_\_ RMA# \_\_\_\_\_

VALUE: \_\_\_\_\_

SENDER'S NAME: \_\_\_\_\_

SENDER'S ROOM NUMBER: \_\_\_\_\_

SENDER'S SIGNATURE: \_\_\_\_\_

**(PLEASE CALL VENDOR BEFORE YOU SHIP ITEM AND GET A RETURN AUTHORIZATION NUMBER. PLACE A COPY OF THIS FORM IN SHIPMENT AND ATTACH ORIGINAL TO TOP OF SHIPMENT AND DELIVER TO MAC IN RECEIVING/LOADING DOCK. GIVE DEPT. A COPY OF FORM)**