



SHIPPING AUTHORIZATION AND / OR RGM AUTHORIZATION

SHIP TO:

UCI Social Sciences
3151 Social Science Plaza

UNIVERSITY OF CALIFORNIA
Irvine, California 92717

ACCOUNT / FUND / SUB NO.:	TODAY'S DATE:
DEPARTMENT NAME:	
PREPARED BY:	PHONE NUMBER:
NUMBER OF PACKAGES:	INSURED VALUE:
DESCRIPTION OF MATERIAL / REASON FOR RETURN:	

SHIPPING INSTRUCTIONS

PRIORITY (NEXT DAY)	<input type="checkbox"/>	GROUND	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
2-DAY	<input type="checkbox"/>	BEST WAY	<input type="checkbox"/>		

SHIPMENT AUTHORIZED BY: _____ **PHONE NUMBER:** _____

FILL IN THIS PORTION IF THIS SHIPMENT IS RETURNED GOODS (RGM)

ORIGINAL PURCHASE ORDER NUMBER:	RETURN AUTH. NUMBER:
DATE MATERIAL ORIGINALLY RECEIVED:	
VENDOR PACKING SLIP, INVOICE, OR REFERENCE NUMBER:	
MATERIAL BEING RETURNED FOR: <input type="checkbox"/> CREDIT <input type="checkbox"/> EXCHANGE <input type="checkbox"/> REPAIR <input type="checkbox"/> OTHER	