



ROCKY
MOUNTAIN
COLLEGE

Returned Purchase/Canceled Services Form

Date of Return or Cancellation: _____

Vendor Name and Address: _____

Vendor Phone Number and Contact Name: _____

Item returned or service canceled (describe completely): _____

Reason: _____

Purchase order number: _____ Running P.O.? _____

Account number charged on P.O. _____

Delivery date _____

Describe discussion with vendor (who pays return freight, will they send a refund or credit our account):

Department: _____

Signature of person who returned/canceled: _____
