



The University of Georgia

Central Receiving
Auxiliary Services Warehouse
4435 Atlanta Hwy • Bogart, GA 30622
Phone 706-425-3262

Material Return Slip and Shipping Permit

Ship To: _____ Shipped For: _____ Date _____

(account name)

(account number)

(department)

(bldg.) (room no.) (phone)

Return Authorization: _____

Reference: UGA Purchase Order Number _____ and Vendor Order Number _____
(if applicable) (if applicable)

Material Shipped For Reason Indicated Below:

<input type="checkbox"/> Duplicate Shipment	<input type="checkbox"/> Loan Return	<input type="checkbox"/> Overshipment	<input type="checkbox"/> Misdirected
<input type="checkbox"/> Order Cancelled	<input type="checkbox"/> Repair	<input type="checkbox"/> Received Damaged	<input type="checkbox"/> Credit (Invoice No. _____)
<input type="checkbox"/> Rental Return	<input type="checkbox"/> Exchange	<input type="checkbox"/> Defective	<input type="checkbox"/> Other _____

List Material to be Shipped. Give Description and any Special Packing Instructions. Include Return Authorization for any Return of Material to Vendor: _____

Value of Shipment \$: _____ Insure for \$ _____
(CANNOT EXCEED VALUE)

Method of Shipment Desired:

UPS: (Prepaid)

- Ground
- 2nd Day Air
- Next Day Air
- Call Tag

OTHER (Specify): _____

Signed: _____
(Department Head or Representative)

For Central Receiving Use:

Shipped Via: _____ B/L Number _____ Date _____

Shipping Charges \$ _____ Collect/Prepaid Preparation Charges \$ _____

Insurance Charges \$ _____ (Subtotal) _____

Fuel Surcharge: _____ Total Charge to Department \$ _____

Number Cartons: _____

Remarks: _____

Released to: _____ Signed: _____
Date Release: _____ (CENTRAL RECEIVING)

PRINT TWO COPIES SEND ONE COPY TO CENTRAL RECEIVING AND RETAIN ONE COPY PER YOUR DEPARTMENT.