

**OFFICE OF THE SUPERINTENDENT
NAPA COUNTY SCHOOLS
Barbara Nemko, Ph.D.**

MERCHANDISE RETURN AUTHORIZATION FORM

DATE: _____
REQUESTER: _____
DEPARTMENT: _____
MRA: _____

THE FOLLOWING ITEMS/S ARE BEING RETURNED FROM:

PURCHASE ORDER NUMBER _____ INVOICE NUMBER _____

COMPANY NAME AND ADDRESS _____

ITEMS BEING RETURNED:

QUANTITY	UNIT	ITEM

REPLACE ITEM WITH:

QUANTITY	UNIT	ITEM

REASON FOR RETURN: _____

DEPARTMENT MANAGER SIGNATURE _____ DATE _____

FOR PURCHASING DEPARTMENT USE ONLY

**DISTRIBUTION: WHITE - GENERAL SERVICES; CANARY - REQUISITIONER;
PINK - INITIATOR**