

# Return to Stock Form

**PLEASE FILL OUT THE FORM COMPLETELY**

Date Requested: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Affiliate Hospital: \_\_\_\_\_

Cost Center#: \_\_\_\_\_ Doc/Req/PO#: \_\_\_\_\_

Lawson No (s): \_\_\_\_\_ *AFFILIATE* PO#: \_\_\_\_\_

Quantity Returned: \_\_\_\_\_

**REASON FOR RETURN**

- \_\_\_\_\_ Wrong Item Ordered
- \_\_\_\_\_ Wrong Item Delivered (mispicked)
- \_\_\_\_\_ Did Not Order
- \_\_\_\_\_ Wrong Quantity
- \_\_\_\_\_ Other

**Please use the space provided below to explain any other pertinent information that would help us with your return.**

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**NOTE** – Attach all supporting documentation.

**FOR LOGISTICS USE ONLY**

Date Replied: \_\_\_\_\_ BY: \_\_\_\_\_

Bin #: \_\_\_\_\_

**CREDIT ISSUED/Comments:**