

PALERMO UNION SCHOOL DIST

ACCOUNT # **89028084**

DISCREPANCY/RETURN FORM

ALL SHORTAGES MUST BE REPORTED WITHIN 2 DAYS OF RECEIPT OF ORDER.

ALL RETURNS MUST BE MADE WITHIN 30 DAYS OF RECEIPT OF ORDER.

PLEASE NOTE ON DEFECTIVE MERCHANDISE AS TO TYPE OF DAMAGE.

SPECIAL ORDERS ARE NON-RETURNABLE

PLEASE COMPLETE THE FOLLOWING:

SALES ORDER NUMBER _____ DATE _____

SITE/LOCATION _____ P. O. # _____

YOUR NAME _____ PHONE NUMBER _____



CUSTOMER SERVICE

PHONE: (800) 928-0171

FAX: (800) 928-3409

"REASON FOR RETURN"	
DEFECTIVE / DAMAGED	_____
SHORTAGE	_____
WRONG MERCH. SHIPPED	_____
ORDERED IN ERROR	_____
OTHER (please explain below)	_____

QTY	U/M	PRODUCT #	DESCRIPTION	REASON FOR RETURN

Account Executive: **John Soares**