

# Merchandise Return Authorization

**St. Francis of Assisi Catholic Church**  
 850 Douthit Ferry Road  
 Cartersville, GA 30120

Office: 770-382-4549  
 Fax: 770-382-4506

This form is to be used to notify the Business office of any merchandise returns. The Requester must contact the vendor prior to submitting this form in order to obtain authorization from the vendor. The items must be packaged according to the vendor's requirements. This form should be submitted, with the merchandise to be returned (packaged and ready for shipping), to the Business Manager. **All returns will be shipped by the Business Manager.**

Date of Request: \_\_\_\_\_ Requested by: \_\_\_\_\_  
 Ministry/Dept. involved: \_\_\_\_\_ Budget line item to be credited: \_\_\_\_\_

Vendor: \_\_\_\_\_ Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Return Authorization # (if applicable): \_\_\_\_\_ Original Purchase Order #: \_\_\_\_\_

Quantity	Unit/Item No.	Description (size, type, color, model #, etc.)	Unit/Item Cost	Total Cost

Tax, if applicable \_\_\_\_\_  
**TOTAL EXPECTED CREDIT** \_\_\_\_\_

Approved by:

\_\_\_\_\_ Date: \_\_\_\_\_  
 Business Manager

**FOR PARISH OFFICE USE ONLY**

Date item shipped:	Shipping Method:	
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