Thames Valley District School Board | **INDEPENDENT PROCEDURE**

Title	**RETURN OF GOODS**	Independent Procedure No.	9014
Department	BUSINESS SERVICES		
Reference(s)		Effective Date	2000 Feb. 23

Purchasing will make every effort to assist in the efficient return of goods.

Items that are determined by the user not to meet their needs are to be brought to the attention of the Purchasing Department.

The requester is to contact the Purchasing Department by fax 452-2399, by telephone or by e-mail.

A Buyer will determine for each product:

- ***whether*** the goods can be returned, (special order, opened software ***cannot be returned***) and the appropriate method for the return;
- ***whether*** the goods can be redirected to another Board site.

If it is determined that the goods are to be returned to the vendor, Purchasing staff will contact the vendor asking:

- for permission to return the goods;
- for an authorization number (if required);
- if there will be a restocking cost.

The details for the completion of the return of goods form (copy attached) will be provided by Purchasing to the site requesting the return.

Where possible, the vendor will make arrangements for the pick up of the goods directly at the site. If the goods cannot be picked up at the site, the goods are then to be forwarded through the Board's delivery service to the Distribution Centre.

Purchasing will be responsible for initiating all of the purchasing and financial record adjustments.

Administered By:	**BUSINESS SERVICES**
Amendment Date(s)	2000 Mar. 7

Thames Valley District School Board

Site Address:

City: Postal Code:

Date: _____

Return of Goods Form

INSTRUCTIONS

PLEASE COMPLETE THIS FORM when any goods are being returned. Include a copy of this form and a copy of packing slip in an envelope taped to the outside of the carton(s) containing the goods. Forward a copy to the Purchasing & Accounts Payable Departments and keep a copy for your records. Complete return of goods instructions can be viewed on the Board Website in the Purchasing Dept. Area.

TO (SUPPLIER NAME):	Shipment from: (SCHOOL/LOCATION NAME):
STREET ADDRESS:	ADDRESS:
CITY: POSTAL CODE:	DEPARTMENT: INDIVIDUAL:
COMPANY INVOICE OR PACKING SLIP NUMBER:	P.O. NUMBER / TVDSB User Account Number

QUANTITY	DESCRIPTION AND CATALOGUE NUMBER	UNIT PRICE	AMOUNT
	TOTAL NUMBER OF CARTONS IN RETURN SHIPMENT:		

REASON FOR RETURN ☐ For Credit ☐ Over Shipped ☐ Defective ☐ For Replacement ☐ Other

N.B. ALL credit notes should be forwarded directly to TVDSB A/P Department PO Box 5888, London, ON N6A 5L1

SHIPPING INFORMATION

RETURN AUTHORIZATION NUMBER:	NAME OF CARRIER:	SHIPMENT VALUE FOR INSURANCE:
COMPANY AUTHORIZATION:		CHARGE SHIPPING TO ACCOUNT NUMBER:
PURCHASING DEPT. AUTHORIZATION:	PREPAID ☐ COLLECT ☐	RETURN REQUESTED BY:
DATE SHIPPED: YY MM DD	SHIPPED BY:	