

**The University of Arizona
Optical Sciences Center
Exception/Shipping Report**

Date: _____

Central Receiving to Pick up
Already Sent: (Attach airbill copy)

Sender: _____ Phone #: _____

Purchase order number item was ordered on: _____

Account # for postage: _____ U of A Tag #: _____

Return Authorization #: _____ Vendor Contact: _____

Reason for return:

Vendor action required:

Special shipping instructions:

Quantity	Description (including Serial #:)
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_____	_____
_____	_____
_____	_____

Vendor Name: _____

Address: _____

Vendor Phone #: _____

NOTE: Boxes must be sealed, addressed, and have the return authorization number written legibly on it. Some vendors may not accept packages without a return authorization number.
