SHIPPING REQUEST

PLEASE PRINT OR TYPE. DO NOT WRITE IN SHADED AREAS.

☐ RETURN ☐ REPAIR NOTICE

SR 013841

P.O. # ____________

RETURN AUTH. NO. ____________

BILL TO: THE JOHNS HOPKINS HEALTH SYSTEM
ACCOUNTS PAYABLE
P.O. BOX 25834
BALTIMORE, MD 21224

SHIP TO: (CHECK ONE)

☐ THE JOHNS HOPKINS HOSPITAL 1800 EAST JEFFERSON ST. BALTIMORE, MD 21287	☐ THE JOHNS HOPKINS OUTPATIENT CTR. 601 NORTH CAROLINE ST. BALTIMORE, MD 21287	☐ JOHNS HOPKINS BAYVIEW MEDICAL CTR. 5560 EASTERN AVE. BALTIMORE, MD 21224	☐ THE JOHNS HOPKINS MEDICAL SERVICE CORP. 3100 WYMAN PARK DRIVE BALTIMORE, MD 21211

FILL IN AREAS **(NOT)** SHADED

RETURN TO: (VENDOR NAME AND ADDRESS)

SHIPPING INFORMATION: SHIP VIA - ☐ VENDOR PICK UP ☐ UPS ☐ AIR EXPRESS ☐ PARCEL POST ☐ MOTOR TRUCK CARRIER ________ ☐ OTHER ________

DATE SHIPPED	SHIPPED VIA
SHIPPING CHARGES	FREIGHT ☐ PREPAID ☐ COLLECT
NO. OF PIECES	WEIGHT
DRIVER'S SIGNATURE	

DATE	REQUESTED BY	EXT.	DEPARTMENT	COST CENTER AND EXPENDITURE CODE

LOCATION OF MATERIAL	AUTHORIZED SIGNATURE	ORIGINAL PURCHASE ORDER NO.

RETURNS ▼

QTY	UNIT OF MEASURE	MANUFACTURER	CATALOG NO.	DESCRIPTION

REASON FOR RETURN:

☐ ORDERED IN ERROR
☐ OVERSTOCKED
☐ ORDERED FOR EVALUATION
☐ LOANER / RENTAL
☐ OVERSHIPMENT
☐ RECEIVED BROKEN OR SPOILED
☐ MERCHANDISE OUTDATED
☐ NOT ORDERED
☐ NOT AS SPECIFIED - EXPLAIN ____________
☐ ORDERED WITHOUT APPROVED PURCHASE ORDER
☐ OTHER - EXPLAIN ____________

PURCHASING DEPARTMENT ACTION - RETURNED FOR:

☐ CREDIT ☐ EXCHANGE ESTIMATED VALUE:

☐ RESTOCKING CHARGES ____________ %

REPAIRS ▼

QTY	MANUFACTURER	MODEL NO.	DESCRIPTION	SERIAL NO	WARRANTY Y	WARRANTY N

SPECIFY NATURE OF REPAIR NEEDED - ☐ MODIFICATION ☐ REFURBISH ☐ CALIBRATION ☐ REPAIR ☐ OTHER-SPECIFY ESTIMATED VALUE:

AUTHORIZED VENDOR'S NAME	VENDOR PICK-UP DATE	AUTHORIZED PURCHASING SIGNATURE	DATE

DATE TO PLR ____________ DATE TO MATERIALS HANDLING ____________ DATE TO RECEIVING ____________

DEPARTMENT COPY