

You Must
Complete
Forms On-Line.
Hand Written
Forms will be
Rejected!



Office of Logistics Management (OLM)

MATERIALS LOGISTICS SERVICES
MATERIALS RETURN FORM - LM-3R

PICKUP FROM INFORMATION			REFERENCE #: Materials Logistics	
NAME: (Please Print)		DATE:		TIME:
SIGNATURE:			TITLE:	
BUILDING:	FLOOR:	ROOM #:	TELEPHONE:	FAX:

DEPARTMENT:

MAIL CODE: _____ **EMAIL:** _____

Reason for return:

DATE	VENDOR	PO NUMBER	ITEM NUMBER	DESCRIPTION	QTY

TOTAL NUMBER OF PIECES RETURNED: _____

SIGNATURES:	Pickup	Date	Delivered to: (Materials Logistics)	Date
_____	_____	_____	_____	_____
Name of courier (Please print)			Authorized NM Receiving Staff (Please print)	
_____	_____	_____	_____	_____
Signature of Courier			Signature of NM Receiving Staff	

Fax or PDF the entire package to: MC 2012 Fax: 679-1218

For questions/concerns please contact:	Alexander Schwarz Jr. Nqi kvleu ('Qr gtcvqpu'O cpci gt Phone: 679-1942, Beeper: 825-0271	Adam Mike Logistics & Systems Manager Phone: 679-3255, Cell: 306-7994
---	--	--