University of Connecticut Health Center

POLICY

MATERIALS LOGISTICS SERVICES

MATERIALS RETURN FORM - MM-3R

PICKUP FROM INFORMATION	REFERENCE #: Materials Logistics	0
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:	0.00

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

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

For questions/concerns please contact:	**Alexander Schwarz Jr.** Materials Supply Coordinator Phone: 679-1942, Beeper: 825-0271	**Adam Mike** Materials Logistics Supervisor Phone: 679-3255, Cell: 306-7994