



Materials Return Form (UCH Internal) – LM-4

Reference #R:

Submit Form: You must complete this Form On-Line. Hand written Forms will be rejected. Mail, Fax or PDF the entire package to: Central Receiving Dock - Fax: 679-1218 or Mail to: MC 2012

PICKUP "FROM" INFORMATION

Requester's Name:		Title:	
Department:			
Phone Number:		Fax Number:	
Room Number:		Mail Code:	
Email Address:			

Reason for Return:

Date	Vendor	PO Number	Item Number	Description	Quantity

Total Number of Pieces Returned:

Pickup Signatures:	Date	Delivered to Signatures: (MLM)	Date
1. Requester's Signature <hr/>	_____	3. Authorized OLM Receiving Staff <hr/>	_____
Printed Name of Requester - Mandatory <hr/>		Printed Name - Mandatory <hr/>	
2. Signature of Courier <hr/>	_____	4. Logistics Management Supervisor <hr/>	_____
Printed Name of Courier - Mandatory <hr/>		Printed Name - Mandatory <hr/>	

For questions or concerns, please contact the Central Receiving & Distribution Department at: 860-679-1942 or 860-679-1957