Return Goods Form

Date: _____ NEI Contact: _____ Fax to **Vendor** (Name): _____

Phone #_____ Fax # _____ Vendor Contact: _____

NEI PO # _____ NEI Account #_____ Response Required By: _____(Date)

QTY.	INV #	VENDOR PART #	DESCRIPTION	REASON FOR RETURN

☐ Provide Full Credit ☐ Provide Quote Credit Amount $ _____Do Restocking Charges Apply? If so, how much? $_____

Copy to: ☐ NEI Accounting ☐ NEI P.M. ☐ Project File