

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**  
**PRODUCT RETURN FORM – WAREHOUSE**

**PURCHASING USE ONLY**

Please PRINT all information – One product per form  
 Return this form to the Warehouse Manager

**Warehouse Inventory Items must be returned within 90 days after receipt of order**

**DEPARTMENT/SCHOOL INFORMATION**

DATE	DEPT/SCHOOL NAME	PHONE NO.	FORM SUBMITTED BY

**WAREHOUSE REQUISITION INFORMATION**

Warehouse Requisition Number:	Requisition Date:
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**PRODUCT INFORMATION**

ITEM #	QUANTITY	ITEM DESCRIPTION

**NATURE OF COMPLAINT – Please be specific**

Is this a problem you have experienced in the past?  YES  NO

Item #

Complaint:

**WAREHOUSE DEPARTMENT USE ONLY – FOLLOW-UP/REPLY**

Complaint reviewed by Staff Member  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution:

Returned to Department/School on Date: \_\_\_\_\_ By: \_\_\_\_\_