



 THE EDWARD R.

Murrow

 COLLEGE OF COMMUNICATION

Your Name	Email
Phone	Department

Package information – complete all fields that apply:

No. of Cartons	Insure?: (for value > \$100) Yes No	Value per carton \$		
Budget/Project	WSU/Murrow Inventory #/Serial #:	Original Vendor:	RMA number	Lithium Batteries? Yes No

***Provide the following information if damage/credit/warranty/repair:**

Who is the vendor?	Contact Name / phone:
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Reason for Shipping:	
Warranty Exchanged _____	
Another site/field office _____	Repair _____
Credit: Wrong Item _____	Damaged _____

Description of item(s) and circumstances (what's going on?)
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Ship to

Business Name	Attention
Street No.	Phone #(Required)
City, State	Zip

Ship Via (check one - X)

Ground	Air 3-day	Air 2-day	Air 1-day	Prepaid Label	Auto Freight	Fed Express	US Mail
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Attach this form to the PR, Purchase Request form