



## Return Authorization Form

**NOTE: A Return Authorization Form must be completed and attached to all items returned to Logistics & Supply Chain Management.**

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Available Product Information:**

Part/sku Number: \_\_\_\_\_ Qty Returned: \_\_\_\_\_

Description: \_\_\_\_\_

Information attached?

I.E. Purchase Requisition Form      Stores Dept PO#      Departmental Receipt      Packing Slip

**Who is responsible for shipping costs?** Southern Health-Santé Sud      Vendor

\*\*\*PLEASE NOTE A RESTOCKING FEE MAY APPLY\*\*\*

**Return Product Information:**

Reason for return - <input type="checkbox"/> check applicable responses:		
a. Wrong item ordered	<input type="checkbox"/>	Comments:
b. Wrong item delivered	<input type="checkbox"/>	
c. Item/s no longer required	<input type="checkbox"/>	
d. Item not as ordered	<input type="checkbox"/>	
e. Other _____	<input type="checkbox"/>	

**Contact Details:**

Portage Distribution Centre	Tel: (204) 239-2215	Fax: (204) 239-7027	<a href="mailto:stores-pdgh@southernhealth.ca">stores-pdgh@southernhealth.ca</a>
Boundary Distribution Centre	Tel: (204) 331-8898	Fax: (204) 331-8806	<a href="mailto:stores-bthc@southernhealth.ca">stores-bthc@southernhealth.ca</a>
Steinbach Distribution Centre	Tel: (204) 346-0320	Fax: (204) 346-0380	<a href="mailto:SteinbachDS@southernhealth.ca">SteinbachDS@southernhealth.ca</a>

Department Manager Approval: \_\_\_\_\_