



## 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