

CUSD SHIPPING FORM

Before items will be items picked up for shipping you must:

- Contact vendor to receive a return authorization number
- Pack items and seal all boxes
- Have all authorization paperwork or copies of your PO in the boxes
- Completely fill out the CUSD shipping form for district use

RETURN AUTHORIZATION (RA) # _____

SHIP TO _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

Please check box if item must be sent express/next day

CONTENTS OF EACH BOX		VALUE OF EACH BOX
TOTAL # OF BOXES _____	TOTAL VALUE	\$

YOUR SITE _____

NAME _____ DATE _____

PO# _____

SIGNATURE _____

****Send copy of this form to Marcie Gertsch prior to pick up of your package(s) by warehouse staff. A copy of this form must be with your package(s).**