

Outbound Shipment & Discrepancy Form

Downstate Depot Central Receiving Ext# 1514 Fax# 1266 Website: www.downstate.edu/centralreceiving Email: centralreceiving@downstate.edu

<u>SECTION A</u> - Customer information

| Today's Date | | | | |
|--|---|---|---|---|
| Your Name | | Your Title | Your Departmen | it |
| | | | | |
| Your Telephone Ext. | Box# | Email For Tracking I | Notification | |
| <u>SECTION B</u> - Discrepancy Report on a Received | I Shipment (Select . | All that Applies): | | |
| Purchase Order# (or) Requisition# | | | | |
| 1 | | nip To | | |
| Nature of Discrepancy (Select All That Applies): | | endor Name ddress : | | |
| C Item(s) Received Damaged or Broken | | | | |
| Quantity Discrepancy (Packing Slip vs. Actual | Contents) Descri | be item - | | |
| Over Shipment or Duplicate Shipment | Must ind | clude product # ^f packing slip | | |
| ◯ Shipment Never Ordered | preferre | d): | | |
| O Unacceptable Vendor Item Substitution | | If Needed, | | |
| O PO Cancelled | | Pick Up From: Buil | ding & Room # | |
| - - | | | | |
| Did You Contact Vendor? | | | | |
| lf ye | es, give name & phone num | ber of person contacted. | | |
| SECTION C - Reason For Outbound Shipment(| s) (Select All that A | pplies): | | |
| 🔿 For Repair - Enter (a), or (b): | (a)Return A | uthorization #/RMA | #(if applicable) | |
| ○ To Resolve Discrepancy reported in section B | 6 | (b)Requisition # | | |
| ○ For Shipping - Enter (a), or (b): <u>SECTION D</u> - Method of Shipment & Payment: | | | | |
| Method of Shipment: | | | If shipping | (An invoice will be needed once a claim is |
| | | | | needed once a claim is |
| ○ UPS Next Day ○ UPS 2nd Day ○ UPS Grou | und 🔿 Vendor's True | cking (Common Carrier) | insurance is required, insert | filed for a damaged or missing item.) (UPS |
| OUPS Next Day OUPS 2nd Day OUPS Grou | und 🔿 Vendor's Tru | cking (Common Carrier) | insurance is required, insert insured value: \$ | filed for a damaged or |
| | | | is required, insert insured value: \$ | filed for a damaged or missing item.) (UPS shipping insurance MAX |
| Other (specify): | ndor/Addressee (Mi | JST authorize pickup) | is required, insert | filed for a damaged or missing item.) (UPS shipping insurance MAX |
| Other (specify): PREPAID Shipping Label Provided By Ve Has Vendor Contacted The Pick- | ndor/Addressee (m u up Courier? OYES | JST authorize pickup) | is required, insert insured value: \$ TRACKING #: | filed for a damaged or missing item.) (UPS shipping insurance MAX |
| Other (specify): PREPAID Shipping Label Provided By Ve Has Vendor Contacted The Pick- | ndor/Addressee (Mu up Courier? CYES Holders) State Acc | JST authorize pickup) · O NO count # | is required, insert insured value: \$ TRACKING #: (If Applicable) Object 9200 | filed for a damaged or missing item.) (UPS shipping insurance MAX is \$50,000) |
| Other (specify): PREPAID Shipping Label Provided By Ve Has Vendor Contacted The Pick- | ndor/Addressee (Mu up Courier? CYES Holders) State Acc | JST authorize pickup) NO count # pur Research Requisition | is required, insert insured value: \$ TRACKING #: (If Applicable) Object 9200 | filed for a damaged or missing item.) (UPS shipping insurance MAX is \$50,000) |
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| Other (specify): PREPAID Shipping Label Provided By Ver Has Vendor Contacted The Pick- DMC Departments (State and IFR Account) Research Foundation Accounts (Please At Project # Other DMC Affiliated Entities (FSA, UPB) Affiliate Entity | ndor/Addressee (Mu up Courier? CYES Holders) State Acc ttach This Form to yo Task and Other DMC Co | JST authorize pickup) NO count # our Research Requisition (# Av rporate Affiliates) Account # | is required, insert insured value: \$ TRACKING #: (If Applicable) Object 9200 n When Submitting Your Ship vard # | filed for a damaged or missing item.) (UPS shipping insurance MAX is \$50,000) |
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| Other (specify): PREPAID Shipping Label Provided By Verent Veren | ndor/Addressee (Mu up Courier? OYES Holders) State Acc ttach This Form to yo Task and Other DMC Co Organization) RIZED SIGNATURE | JST authorize pickup) NO Count # Dur Research Requisition (# Av rporate Affiliates) Account # (re ts Payable (X-3375) | is required, insert insured value: \$ TRACKING #: (If Applicable) Object 9200 n When Submitting Your Ship vard # | filed for a damaged or missing item.) (UPS shipping insurance MAX is \$50,000) ping Request) ng (X-4413) |