SUNY DOWNSTATE Medical Center

Outbound Shipment & Discrepancy Form

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

SECTION A - Customer information

Today's Date [   ]   Your Name [   ]   Your Title [   ]   Your Department [   ]

Your Telephone Ext. [   ]   Box# [   ]   Email For Tracking Notification [   ]

SECTION B - Discrepancy Report on a Received Shipment (Select All that Applies):

Purchase Order# (or) Requisition# [   ]

Ship To Vendor Name Address : [   ]

Nature of Discrepancy (Select All That Applies):

○ Item(s) Received Damaged or Broken

○ Quantity Discrepancy (Packing Slip vs. Actual Contents)

○ Over Shipment or Duplicate Shipment

○ Shipment Never Ordered

○ Unacceptable Vendor Item Substitution

○ PO Cancelled

Describe item -
Must include product # (copy of packing slip preferred): [   ]

If Needed, Pick Up From: [   ]
Building & Room #

Did You Contact Vendor?   ○YES ○NO   [   ]
If yes, give name & phone number of person contacted.

SECTION C - Reason For Outbound Shipment(s) (Select All that Applies):

○ **For Repair - Enter (a), or (b):**

○ **To Resolve Discrepancy reported in section B**

○ **For Shipping - Enter (a), or (b):**

(a)Return Authorization #/RMA #(if applicable)**:** [   ]

(b)Requisition # (if applicable)**:**

SECTION D - Method of Shipment & Payment:

Method of Shipment:

○ UPS Next Day ○ UPS 2nd Day ○ UPS Ground ○ Vendor's Trucking (Common Carrier)

○ Other (specify): [   ]

If shipping insurance is required, insert insured value: $ [   ]
(An invoice will be needed once a claim is filed for a damaged or missing item.) (UPS shipping insurance MAX is $50,000)

Funding Source

○ **PREPAID** Shipping Label Provided By Vendor/Addressee (**MUST** authorize pickup)   **TRACKING #:** [   ]
Has Vendor Contacted The Pick-up Courier? ○YES ○ NO   (If Applicable)

DMC Departments (State and IFR Account Holders) **State Account #**   **Object 9200**

Research Foundation Accounts (Please Attach This Form to your Research Requisition When Submitting Your Shipping Request)

Project #   Task #   Award #

Other DMC Affiliated Entities (FSA, UPB and Other DMC Corporate Affiliates)

Affiliate Entity [   ]   **Account #** [   ]
(Name of Company or Organization)   (If Applicable)

DEPARTMENT REPRESENTATIVE AUTHORIZED SIGNATURE _____

THIS SECTION IS FOR CENTRAL RECEIVING USE ONLY:
For State PO's Affecting Qty Discrepancies: ___E -Mail/ Faxed To Accounts Payable (X-3375)   ___E -Mail/ Faxed To Purchasing (X-4413)

SURS RECEIPT # (IF APPLICABLE):__ _____   SHIPMENT RECEIVING # _____   SHIPPING QTY_____

COURIER PICKUP TRACKING # _____   CR&S STAFF SIGNATURE: _____   DATE _____