



**SUNY DOWNSTATE MEDICAL CENTER  
CENTRAL RECEIVING & STORES**

Submit: Bring to CR, Fax (X-1266), or attach completed form via e-mail to centralreceiving@downstate.edu

**SHIPMENT DISCREPANCY REPORT: Complete Sections A, B and Sections C&D only if a return to vendor is necessary.** Use separate form for each separate PO #.  
**OUTBOUND SHIPPING AUTHORIZATION: Complete Sections A,C,&D**

**SECTION A : Customer Information:**

Today's Date: \_\_\_\_\_  
(Your Name) (Your Title)  
\_\_\_\_\_  
(Your Department) (Tele. Ext.) (Box#)

**SECTION B: Discrepancy Report on a Received Shipment:**

Purchase Order # \_\_\_\_\_ Date Item was Delivered to your Dept: \_\_\_\_\_  
**Nature of Discrepancy (check one):**  
Item(s) Received Damaged or Broken Shipment never received  
Quantity Discrepancy (Packing Slip vs. actual contents) Unacceptable vendor item substitution  
Overshipment or Duplicate Shipment Price Change resulting from vendor substitution  
**Describe item and problem (be specific):** PO Cancelled

Did you contact the Vendor? **NO YES**  
If yes, give name & phone # of person contacted: \_\_\_\_\_ (Insert Name & Telephone #)  
Does Item(s) need to be returned to vendor? **NO YES** -If Yes CR&S will pick-up at **Bldg /Room:** \_\_\_\_\_

**SECTION C: All Other Outbound Shipments: Reason For Shipment:**

To Resolve Discrepancy reported in section B.  
For Repair or Replacement -insert PO # or requisition # for repair: \_\_\_\_\_  
Other (specify): \_\_\_\_\_

**SECTION D: METHOD & PAYMENT:**

**Method of Shipment:** Least Costly UPS Vendor's Trucking (Common Carrier) Overnight Required  
2 Day Required  
Other (specify): \_\_\_\_\_  
If Shipping Insurance is required, insert insured value: \$ \_\_\_\_\_  
**Method of payment for shipping cost:**  
**Vendor** (Addressee must authorize Pickup): PREPAID Shipping Label Provided by Vendor on Package  
Did Vendor Authorize the Payment? **NO YES**  
Vendor's Return Authorization # \_\_\_\_\_  
**Has vendor contacted the pick-up by courier?** **NO YES**  
**DMC Dept - Funding source/acct#:** \_\_\_\_\_  
(State accounts are recharged to Central Stores Recharge Object Code 9200)

**THIS SECTION FOR CENTRAL RECEIVING & STORES USE ONLY:**

For State PO's Affecting Price or Qty Discrepancies: E -Mail/ Faxed To Accounts Payable (X-3375) E -Mail/ Faxed To Purchasing (X- 4413)  
SURS RECEIPT # (IF APPLICABLE): \_\_\_\_\_ RECEIVING RETURN # \_\_\_\_\_  
COURIER PICKUP RECORD # \_\_\_\_\_ CR&S Staff: \_\_\_\_\_ Date \_\_\_\_\_