DC-754
(REV 10/07)

REQUEST FOR ITEM RETURN

_____ TO CENTRAL SUPPLY WAREHOUSE
_____ TO CENTRAL PHARMACY WAREHOUSE
_____ TO TRANSPORTATION AND COMMUNICATION

(PLEASE CHECK APPROPRIATE SPACE)

Requestor's Name _____ Facility # _____ Date _____

Facility Name _____ City _____

Reason for Return _____

Quantity	Item #	Description	Do Not Write In This Space

1. THIS FORM MUST BE COMPLETED BY REQUESTING FACILITY AND MAILED TO CENTRAL SUPPLY WAREHOUSE OR CENTRAL PHARMACY WAREHOUSE. DRIVER WILL PRESENT THIS TO FACILITY FOR PICKUP ON THE FOLLOWING DELIVERY.

2. CENTRAL SUPPLY WAREHOUSE/PHARMACY WAREHOUSE USE ONLY: Trailer #_____

   Approved _____ Driver/Date _____ Received/Date _____

3. ALL RETURNS WILL BE HANDLED BY CENTRAL SUPPLY WAREHOUSE USING A DIRECT RETURN (DR) ON MSAS TO CREDIT YOUR ACCOUNT.

   Direct Return Entered By _____ Date _____

4. WHEN INVENTORY ITEMS ARE RETURNED (FOOD, CLOTHING) FACILITIES WILL NEED TO DO A DIAU FOR ADJUSTMENT TO THEIR INVENTORY COUNT.

   DIAU Entered By _____ Date _____

Original Copy -Central Supply/Central Pharmacy
Pink Copy -Facility Files