



Ontario

Ministry of the
Solicitor
General and
Correctional services

RETURNS

Ship to (Location name and full address:)

(1)

District Division (2)	Branch/Region (3)	Location code (4)	Date (5)
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TYPE OF RETURN

Wrong Item Received EXCHANGE
 Return to Stock
 Exchange for Size Change
 Male
 Female
 Exchange for Alternative Item
 Defective Item Exchange

Members Surname	Initials	Employee #	Classification
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Catalogue Number	Description of the Items Being RETURNED	Size	Qty. Returned

Member's explanation
(complete for exchange, alteration, loss or damage report)

Catalogue Number	Description of Item Being REQUESTED	Size	Quantity Required	Quantity Shipped	Back Orders

NOTE: 1. New or additional items being requested must be submitted on a Supplies Requisition form.
 2. Do not write in Quantity Shipped or Back Order columns.
 3. Keep a copy for your records

Employee Signature

Requisition number	Approved by	Order filled by	Order packed by	Date Issued (Da./Mo./Yr.)
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