



Return Goods Form

Date: _____ NEI Contact: _____ Fax to **Vendor** (Name): _____
 Phone # _____ Fax # _____ Vendor Contact: _____
 NEI PO # _____ NEI Account # _____ Response Required By: _____ (Date)

QTY.	INV #	VENDOR PART #	DESCRIPTION	REASON FOR RETURN

Provide Full Credit
 Provide Quote Credit Amount \$ _____ Do Restocking Charges Apply? If so, how much? \$ _____
Copy to:
 NEI Accounting
 NEI P.M.
 Project File