



# AGENCY RETURNS AND CREDITS

E-mail completed form to  
**JPierce@curehunger.org** or  
 fax to 765.287.2036

**AGENCY INFORMATION**

Agency Number \_\_\_\_\_ Agency Name \_\_\_\_\_

Agency Contact Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Invoice or Order Number \_\_\_\_\_

Item #	Description	Qty Ordered	Qty Received	Qty Adjust	Unit Cost \$	Adjustment Needed \$	Reason for Return
<b>TOTALS</b>							

**OFFICE USE:**

Approved By \_\_\_\_\_ Date \_\_\_\_\_  
*Warehouse Person Signature*

Completed By \_\_\_\_\_ Date \_\_\_\_\_  
*Warehouse Person Signature*