

SWARTZ CREEK COMMUNITY SCHOOLS

FORM FOR RETURNING MATERIALS

COMPANY NAME	SCHOOL
COMPANY ADDRESS	PERSON RETURNING
CITY STATE ZIP	PURCHASE ORDER NUMBER

PACKAGE CONTENTS

APPROX. WEIGHT	DECLARED VALUE
DO YOU WISH IT INSURED?	YES NO

ASN NUMBER FROM WHICH TO TAKE POSTAGE _____

PLEASE COMPLETE THIS FORM AND AFFIX IT TO THE TOP OF THE CARTON AND SEND TO THE WAREHOUSE.