

**RETURN SHIPMENT FORM 2010—Return this copy to MRC**

To ensure proper handling of your returned shipment, the following procedures must be followed:

**Complete this form and place it WITH the white PACKING LIST inside carton #1 of unsold material being returned.**

**Print on the outside of that carton: "PACKING LIST ENCLOSED."**

TYPE OF MEETING \_\_\_\_\_

NAME OF CONFERENCE OR DISTRICT \_\_\_\_\_

DATE OF MEETING \_\_\_\_\_

NAME OF PERSON WHO ORDERED MATERIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

TELEPHONE \_\_\_\_\_

BILLING: NAME OF TREASURER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

TELEPHONE \_\_\_\_\_

Number of CARTONS being returned \_\_\_\_\_ Number of Tubes \_\_\_\_\_ Date Shipped \_\_\_\_\_

Each carton and tube numbered? \_\_\_\_\_

Method of Shipment: UPS \_\_\_\_\_ USPS \_\_\_\_\_ FedEX \_\_\_\_\_

Name of person returning the material \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

TELEPHONE \_\_\_\_\_



**Insure cartons for approximate value when shipping returns. United Parcel Service includes minimum insurance automatically at no extra charge and tracking services. Cartons should weigh less than 40 lbs. When using United Parcel Service or other shipping services, check to find out weight and cost to insure cartons. The Mission Resource Center does not accept returns COD.**

REMARKS: \_\_\_\_\_

To receive credit, you must return unsold materials to the Mission Resource Center within **30 days** after the event/meeting.

**RETURN SHIPMENT FORM 2010—Your file copy**

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DATE OF MEETING \_\_\_\_\_

NAME OF PERSON WHO ORDERED MATERIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

TELEPHONE \_\_\_\_\_

BILLING: NAME OF TREASURER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

TELEPHONE \_\_\_\_\_

Number of CARTONS being returned \_\_\_\_\_ Number of Tubes \_\_\_\_\_ Date Shipped \_\_\_\_\_

Each carton and tube numbered? \_\_\_\_\_


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Name of person returning the material \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP+4 \_\_\_\_\_

TELEPHONE \_\_\_\_\_

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