MATERIEL MANAGEMENT BRANCH
8525 Rex Road Pico Rivera, CA 90660

Date: _____

ORDER ADJUSTMENT FORM

Use this form to report General Stores Distribution DELIVERY/ORDER ERRORS, DAMAGED GOODS, or RETURN (for credit).

*Required information

*School / Office: _____ *Cost Center: (Location Code) _____

ESC (Local District): _____ *Tel.: _____ ext. _____

*Contact Person: _____ Fax: _____

Title: _____ *Email: _____

Please send this request and a copy of the Stores Packing List to the Stores Distribution Claims Clerk within 10 days after the receipt of your merchandise. Email forms to office.stores@lausd.net or for further information, call (562) 654-9005.

Use Information Printed on Invoice

Qty.	Unit	Product ID	Description	STO #	Comments

Returned orders are subject to a minimum 20% restocking fee. All items must be in the original carton, unassembled, and unused.
DO NOT use this form for Two-Way Radio (Material No. 7257800185) repair requests. Please e-mail Radio Unit at radiounit@lausd.net for repairs.

FOR STORES USE ONLY

◯ Inspection Requested

Date: _____ Shipping Order #: _____

STO #: _____ Transportation Order #: _____

Remarks: _____

Please email your request to office.stores@lausd.net. For any questions regarding this form call (562) 654-9005.