Date:		

## ORDER ADJUSTMENT FORM

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

hool /	Office	o:			*Cost Center: _ (Location Code)		
(Local District):					*Tel.:	ext.	
ntact Person:					Fax:		
Title:					*Email:		
				king List to the Stores Distres@lausd.net or for further		erk within 10 days after the 562) 654-9005.	
se In	ıform	ation Printe	d on Invoice				
Qty.	Unit	Product ID	Description	STO#		Comments	
				king fee. All items must be in 300185) repair requests. Pleas		unassembled, and unused. at <u>radiounit@lausd.net</u> for rep	
OR	STO	ORES USE	ONLY			Inspection Request	
Dat	te:		Shipping Order #: _				