



Trade-In, Exchange or Repair

Department _____ Approximate Return Date _____

Reason for Return _____

PCN	Description	Serial Number	Model Number	Manufacturer

Purchase or Trade-In Vendor _____

Vendor Address _____

Sales Representative _____ Phone Number _____

Department Chair's Signature

Date

Property Office Representative's Signature

Date

Please Note: Remove all PCN tags and tape them to the bottom of this form, prior to sending the asset off of campus.

Place PCN Tag Here

Place PCN Tag Here

Place PCN Tag Here