

Texas A&M University - Commerce Notice of Non-compliant Delivery of Goods or Services

The following delivery of goods or services to Texas A&M University-Commerce was not in compliance with the terms of the purchase order, contract, or other agreement, between the vendor and the university. The items below are being returned to the vendor or are in dispute for one of the following reasons: (1) damaged during shipment, (2) found to be non-functioning upon inspection, (3) of a different type of specification than ordered, (4) in excess of the quantity or volume ordered, (5) do not include all items ordered, (6) mailed to the incorrect address, (7) the order or contract was cancelled or amended to exclude the items delivered, or (8) for another reason indicated in the Remarks section.

Vendor Name: _____ Vendor phone/fax: _____

Vendor Address: _____

Document Number: _____ Document Number _____

Invoice number (if known): _____ Document Number _____

Items returned or in dispute:

Quantity	Description	Reason Returned or In Dispute
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Remarks:

Texas A&M University-Commerce requests that the vendor take the action(s) indicated below:

- _____ Provide a Return Authorization Number for return shipping: _____ Fax to Texas A&M University-Commerce contact below.
- _____ Deliver replacements for damage, non-function, or incorrect items returned to the vendor.
- _____ Deliver returned items to the correct address, as indicated on the university purchase order, contract, or other order form.
- _____ Issue a revised invoice that omits charges for items returned to the vendor due to an excess quantity or volume shipment. Do not deliver replacement items.
- _____ Issue a revised invoice that omits charges for items returned to the vendor due to an amended or cancelled purchase order or contract. An amendment to the purchase order or contract has been requested.

This notice was sent to the vendor by the following person at Texas A&M University-Commerce on (date):

Name: _____ Department _____

Phone/Fax: _____