

RETURN/EXCHANGE REQUEST FORM

Order Number: _____

Date: _____

Official Scrip Coordinator Name: _____

Organization Name: _____

Reason for Return/Exchange: _____

A.) Total Dollar Amount of the Face Value of return/exchange: \$_____._____

B.) Total Dollar Amount of Your Organization's Cost of return/exchange: \$_____._____

C.) Return/Exchange Restocking Fee (10% of Face Value, minimum \$5.00): \$_____._____

D.) Amount of Credit Toward Your Return/Exchange (B [cost] – C [Restocking Fee] = D): \$_____._____

Items being returned/exchanged:

Qty	Denomination	Gift Card Name
-----	--------------	----------------

____	_____	_____
____	_____	_____
____	_____	_____
____	_____	_____

Requested Items to Exchange For:

Qty	Denomination	Gift Card Name
-----	--------------	----------------

____	_____	_____
____	_____	_____
____	_____	_____
____	_____	_____

Total Dollar Amount (your cost, not face value) of Newly Requested Items: \$_____._____