



TEXAS A&M

HEALTH SCIENCE CENTER

Office of Information Technology

Return Materials Authorization

Name: _____

Dept: _____

Replacement Item: _____

Manufacturer: _____

Serial Number: _____

Date Requested: _____

RMA Number: _____

Notes:

Item Received on _____

Shipped Back via _____

Tracking Shipping Number _____

Date Installed/Shipped/Finished _____