Attn: IERC

Administrative Office of the ISBVI

5050 E. 42nd Street

Indianapolis, IN 46226

317-554-2740 / 1-800-833-2198

**INVENTORY RETURN FORM**

# Date returned:

Name:

Special Education Planning District:

Instructions: Complete and enclose a copy of this form in EACH BOX returned to the IERC. If an item in the box is not complete, place a check (  ) in the “incomplete” column and describe the discrepancy below. If item needs repair, place a check (  ) in the “needs repair” column and describe the nature of the problem in the discrepancy section below.

# If shipment will be coming in more than one box, please indicate how many:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title/Item Name** | | **Medium**  **(BR, LT, A/E)** | **Vols** | **Incomplete** | **Needs Repair** |
| 1  2  3  4  5  6 |  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| 7 | |  |  |  |  |

(Medium: BR = Braille, LT = Large type, A/E = Aids and equipment) (Vols: Volumes returned)

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| --- |
| **Discrepancy - List missing volumes, parts or describe condition if needing repair.** |
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