

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 _____				
7 _____				

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

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