

Indiana Educational Resource Center (IERC)
 Administrative Office of ISBVI
 5050 E. 42nd Street
 Indianapolis, IN 46226
 317-554-2740 / 1-800-833-2198

INVENTORY RETURN FORM

Date returned: _____

Name: _____

School Corporation: _____

Cooperative (if applicable): _____

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, mark the "incomplete" column and describe the discrepancy below. If item needs repair, mark 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)

<p>Discrepancy - List missing volumes, parts or describe condition if needing repair.</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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