

# MINNCOR Centralized Canteen PROPERTY RETURNS

Please Circle One:

**Refused**

**Never P/U**

**Defective**

Does the 30-day warranty apply to this item? (Please circle one) Y / N

Date Issued to Incarcerated person/Client:

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Date Returned to Property Staff: \_\_\_\_\_

Date Sent Back to OPH-Canteen: \_\_\_\_\_

Incarcerated person/Client Name:

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OID/Number: \_\_\_\_\_

Sales Order #: \_\_\_\_\_

Item: \_\_\_\_\_

Reason/Problem:

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