

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:

Date Returned to Property Staff: _____

Date Sent Back to OPH-Canteen: _____

Incarcerated person/Client Name:

OID/Number: _____

Sales Order #: _____

Item: _____

Reason/Problem:
