

Great Lakes Caring Apparel Return Form

Employee Name: _____

GLC Branch: _____

Phone #: _____

Order #: _____

(example: GLC-796)

Please package item(s) that need to be returned and complete this Return Form. Included a copy of the completed Return Form with the apparel and return to the Jackson, MI branch – Attention: Purchasing

Items Returned:

_____	_____	_____	_____
Description	Color	Size	Reason for Return

_____	_____	_____	_____
Description	Color	Size	Reason for Return

_____	_____	_____	_____
Description	Color	Size	Reason for Return

_____	_____	_____	_____
Description	Color	Size	Reason for Return

Replacement Apparel Requested:

_____	_____	_____
Description	Color	Size

_____	_____	_____
Description	Color	Size

_____	_____	_____
Description	Color	Size

_____	_____	_____
Description	Color	Size

- **No Replacement needed – Credit my Account**