



Credit Slip

Agency Name _____ Date _____

Please complete the form below with information from the invoice on which the product being returned was received.

Please return product to the Brazos Valley Food Bank for credit.

No credit will be given for product returned without this form.

Invoice No:	Product Reference	Description	Case quantity or Pounds/number of cans	Reason for return

Agency Signature _____

Brazos Valley Food Bank Staff Signature _____