

SUPPLIER CORRECTIVE ACTION REQUEST

From:

VENDOR CORRECTIVE ACTION REPORT

DISCREPANCIES:

DISPOSITION:

SUPPLIER TO COMPLETE THE FOLLOWING:

RESUBMIT TO OUR PURCHASING DEPARTMENT WITHIN **10 DAYS** OF RECEIPT

CAUSE OF DISCREPANCY

CORRECTIVE ACTION TAKEN TO ELIMINATE RECURRENCE OF DISCREPANCY

Supplier signature _____ Title _____ Date _____