

Supplier Request For Information/Disposition

Supplier Name and Address		Date		Purchase Order/Line Item		
					Γ	
		Part Number		Qty. Affected		
Originator		Serial Numbers (If Applicable)				
Phone						
Schedule Impact						
Discrepancy						
Cause (Each Discrepancy)		Corrective Action (Each Discrepancy)				
No. Previous Occurrences	By/Date		Title	Title		
SUPPLIER – DO NOT WRITE BELOW THIS LINE						
Buyer Signature Authorizes this MRR as Part of Purchase Order		Date		MRR		
Disposition						
☐ Use As Is						
☐ Rework per Above						
☐ Scrap						
		SEPAC Engineer		Date		