



Supplier Change Request

Date _____ Supplier Name _____
 Part Number _____ Supplier Location _____
 Part Name _____
 Revision _____ Purchase Order Number _____

Description of Change Dimensional Material Mfg Location Sub-Supplier Other

Reason for Change _____

Planned PPAP Submission Date _____

Planned Implementation Date _____

Additional Comments _____

Submitted by

Name _____ Title _____

Phone _____ E-mail _____

~~~~~ XOS Disposition and Approval (do not write below this line) ~~~~~

Accepted

Accepted as Modified Explain \_\_\_\_\_

Rejected Reason \_\_\_\_\_

PPAP Required  No  Yes Level / Requirements \_\_\_\_\_

Additional Comments \_\_\_\_\_

DCN \_\_\_\_\_

Design/Product Engineer \_\_\_\_\_ Date \_\_\_\_\_

Process Quality Engineer \_\_\_\_\_ Date \_\_\_\_\_

Buyer/Planner or Purchasing \_\_\_\_\_ Date \_\_\_\_\_

Supplier Quality \_\_\_\_\_ Date \_\_\_\_\_