

Supplier Deviation Request

Date		upplier Name
Part Number		plier Address
Part Name		
Revision	Purchase 0	Order Number
Quantity Requested		xpiration Date
Description of Deviation		
Reason for Deviation		
Corrective Action		
Anticipated Date for Implementation of Corrective Action		
Submitted by		
Name	Title	
Phone	E-mail	
~~~~~~~ XOS Disposition and Approval (do not write below this line) ~~~~~~~~~		
☐ Accepted		
☐ Accepted as Modified Exp	olain	
Rejected Reason		
Additional Comments		
Effectivity		
PO Number	Qty Approved	Expiration Date
Design/Product Engineer		Date
		<u> </u>

Form Rev: 12- FEB-13