



Supplier Deviation Request

Supplier Name:		Originated Date:	Deviation #: (Acme Industries use Only)
Address:		Acme Industries Customer Service Contact::	
City, State and Zip Code:		Purchase Order Number:	
Individual Requesting Deviation:	Phone & Email:	Due Date:	
Part Number(s):			
Part Name:		Quantity:	

Item Number	S/N(s) if Applicable	Characteristic	Deviation

Reason for Request:

Following Sections for Acme Industries Use Only

Disposition	<input type="checkbox"/> Rework/Sort <input type="checkbox"/> Use Elsewhere <input type="checkbox"/> Reject/Scrap <input type="checkbox"/> Approved			
	Explanation of Disposition (attach support documentation if necessary):			

Approvals	Involved Name	Title/Organization	Date

Supplier Corrective Action Required: <input type="checkbox"/> No <input type="checkbox"/> Yes IF Yes CAR # _____	Acme Customer Approval Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Assigned To:	Date Due:
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Deviations must be included with product when shipped to Acme Industries.