



SUPPLIER REQUEST FOR INFORMATION (SRI) FORM

An approved signed copy of this form must be submitted with the part, product or material

SUPPLIER FURNISHED DATA (ITEMS 1-17)			SRI Tracking Number
			EPP Generated
1. Supplier No.	2. Supplier Name	3. Facility/Location	4. Supplier Contact
5. Part/Product/Material or Spec. No.	6. PO No./Line Item	7. Attachments Yes <input type="checkbox"/> No <input type="checkbox"/>	8. Request Date (mm/dd/yyyy)
9. Reason for Request: <input type="checkbox"/> PRODUCT NONCONFORMANCE <input type="checkbox"/> SPECIFICATION CHANGE <input type="checkbox"/> INTERPRETATION <input type="checkbox"/> DRAWING CHANGE <input type="checkbox"/> QMS REQUIREMENT CHANGE <input type="checkbox"/> OTHER <input type="checkbox"/> NOTIFICATION OF POTENTIAL QUALITY ESCAPE			
10. Status of Part/Product/Material: <input type="checkbox"/> NOT STARTED <input type="checkbox"/> IN-PROCESS <input type="checkbox"/> COMPLETED			
11. Description of Request			
12. Cause of Nonconformance (If Applicable)			
13. Corrective Action Taken (If Applicable)			14. Value of Goods Submitted:
15. Recommended Disposition			16. Delivery Impact. If Disapproved Delivery will be: If Approved, Delivery will be:
17. Technical Justification			
UTAS EPP FURNISHED INFORMATION (ITEMS 18-24)			
18. EPP SRI Owner	19. Assigned Dept: <input type="checkbox"/> Purchasing <input type="checkbox"/> QA <input type="checkbox"/> Eng. <input type="checkbox"/> Mfg Eng.		ECD: STATUS: DATE:
20. Disposition Comments ECN per ES-00000116 REQUIRED?: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, ECN: Date Released: DISPOSITION: <input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved <input type="checkbox"/> Disapproved			
21. Owner's Name / Date /	22. Program Manager's Name / Date /		
Signature:	Signature:		
23. Quality Assurance's Name /Date /	24. Buyer /Coordinator's Name / Date /		
Signature:	Signature:		