

<b>PURCHASE ORDER</b> Your Company Name Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx Address, City, State, Zip Code	Date:	
	Purchase Order #:	
	Send 2 copies of invoice to: Attention: Accounts Payable	

If a Prime Contract # is entered hereon, this procurement is certified for [Redacted] <b>Supplier:</b> [Redacted]  <b>Phone#:</b> [Redacted]	Terms:	FOB:
	For Job #:	Charge:
	Notify:	

[Redacted]
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#	Qty	Unit	Part Number	Description	Price	Subtotal

Purchase Order Amount:	[Redacted]
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**Sign Acknowledgement Copy and Return Immediately**  
 Note: A contract may not exist until receipt of this acknowledgement

[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

Your Company Name

Terms and Conditions of Purchase

1) WARRANTIES

2) CHANGES

3) INFRINGEMENT INDEMNITY

4) DOCUMENT MARKING AND USE

5) PROPRIETARY INFORMATION, DUPLICATION AND DISCLOSURE

6)

7)

8)

9)

10)

11)

12)

13)

14)

15)

Contractor and Subcontractor Listing Requirement

1)

2)

QC-120 (mo/yr)

Your Logo	Your Co Name Address City - State - Zip Phone - Fax - Email
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REQUEST FOR QUOTE	No:
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To:	Supplier Name	Date:	
	Street	Phone:	
	City, State	Fax:	
	Zip	Email:	

This request for quote (RFQ) is [REDACTED]

Please quote your best price and delivery for the following item(s):

Item	Quantity	Part No.	Description	Unit \$	Total \$

Requirements: (define engineering / quality requirements here)

Exceptions:

[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	
[REDACTED]	



# SOURCE INSPECTION REPORT

<b>Program:</b>					<b>Contract#:</b>			
<b>P/N:</b>			<b>Rev:</b>		<b>Acct#:</b>			
<b>Description of Activity:</b>								
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	QC	QA	Hold	Proceed	MR	CRR

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Your Logo

Form Rev: Orig

## REQUEST FOR CORRECTIVE ACTION

1	RFCA#:	Date:	MR#:
2	<input type="checkbox"/> Internal	<input type="checkbox"/> External	
3	To:	Return To: Your Co. Attention: Address:	
4	[Redacted]		
5	Part Description:		
6	[Redacted]		
7	[Redacted]		
8	[Redacted]		
9	[Redacted]		
10	Completion Date:	Implemented Next Order's#:	
11	Signature	Dept/Company	
12	[Redacted]		

Your Form # (mo/yr)



## Supplier Quality Requirements

Mo/Yr

Revisions		Rev:	
Letter	E.O. Number - Description	Date	
Used On	Contract#:	<b>Your Company Name</b>	
Prepared By:			
Your Group:			
Your Group:		<b>SUPPLIER QUALITY CONTROL</b>	
Your Group:		Your Procedure Number	
Your Group:		Size: <b>A</b>	CAGE: <input type="text"/>
		Your Form # (Mo-Yr)	1 of 4

Your Logo



**PURPOSE and SCOPE**

To establish the minimum requirements for supplier Quality Systems necessary to ensure that materials, parts, components, and services meet

[Redacted]

**APPLICABILITY**

These requirements shall apply to all supplies and services when referenced on the Purchase Order and amendments thereto.

When (Your Co)'s Purchase Order includes Seller's Inspection System,

[Redacted]

**DEFINITIONS and ABBREVIATIONS**

A. [Redacted]

[Redacted]

[Redacted]

[Redacted]

**PROPRIETARY INFORMATION**

The Seller must identify in writing the

[Redacted]

**PROCESS CONTROL**

The Seller shall provide

[Redacted]

Your Company Name	REV Orig	CAGE	DOC#:	2 of 4 Your Procedure #
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[Redacted]

[Redacted]

Seller MRB is not authorized.

[Redacted]

**DRAWING and CHANGE CONTROL**

The Seller shall [Redacted]

**RECEIVING INSPECTION**

The Seller shall [Redacted]

Your Company Name	REV Orig	CAGE	DOC#: 3 of 4 Your Procedure #
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[Redacted]

**STOCK CONTROL**

The Seller shall

[Redacted]

[Redacted]

**SAMPLING INSPECTION**

Acceptance sampling procedures, if other than ANSI Z 1.4, must have (Your Co) approval prior to use; sampling to permit defects is [Redacted].

**TOOL, GAGE, and TEST EQUIPMENT**

The Seller shall

[Redacted]

**TECHNICAL REQUIREMENTS**

Unless otherwise specified, [Redacted]

[Redacted]

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**MATERIAL CONTROL**

Nonconforming material shall

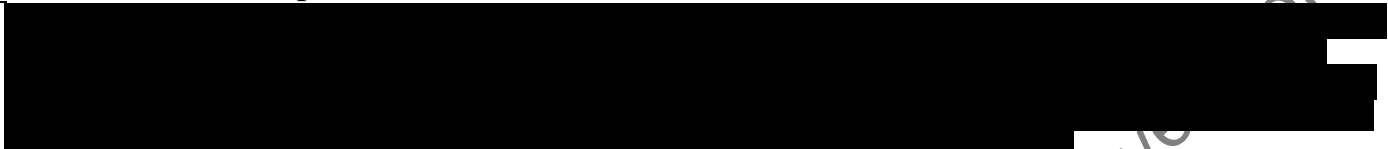
[Redacted]

Your Company Name	REV Orig	CAGE	DOC#: Your Procedure #	4 of 4
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Your Logo	Your Co Name Address City - State - Zip Phone - Fax - Email
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QUOTATION	No:
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To:	Customer Name	Date:	
	Street	Phone:	
	City, State	Fax:	
	Zip	Email:	



Item	Quantity				

Remarks: \$xxx minimum per item

Quotation is Valid for: 30 days

Terms: 1% 10 days – Net 30 days


Your Form # (mo/yr)

# Add to Cart