



Metco Industries, Inc.

1241 Brussels St. St. Marys, PA 15857

Phone: 814-781-3630

Fax: 814-781-8380

DATE: _____

SUPPLIER REQUEST FOR CHANGE

(reference 4.11 Metco Supplier Quality / Requirements Manual)

SUPPLIER NAME: _____ PHONE #: _____

PART (S) AFFECTED: _____

NATURE OF CHANGE: _____

REASON FOR CHANGE: _____

COST IMPACT: YES
 NO

ACTION TAKEN:
Requote:
None:

TO BE COMPLETED BY METCO

ITEM	PART NO.	REV.	DESCRIPTION	NATURE OF CHANGE

		Approval			Comments
Quality	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>	_____
Production	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>	_____
Engineering	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>	_____

Requested by: _____
Date: _____

Approved by: _____
Date: _____

Note: A completed copy of this form is to be forwarded to Metco Quality Manager