Metco Industries, Inc.
1241 Brussells 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	☐ Yes	No	☐	
Production	☐ Yes	No	☐	
Engineering	☐ Yes	No	☐	

Requested by: _____ Approved by: _____
Date: _____ Date: _____

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