



Supplier Change Request

SCR#- _____

Supplier Information

(Please attached marked up prints as required)

Supplier Name:		VIN#:	
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Requestor Name:		Title:	
Phone #:		Ext:	
Email:		Date:	

Part #:		Rev#:	
Desired Change Date:		Cost of Change:	

Description of Change: (Use additional sheets if necessary)

Reason for Change: (Use additional sheets if necessary)

Effect of Change: (Use additional sheets if necessary)

Below portion is to be completed by XPER

Engineer Assigned:		ECR/ECN #:	
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Accepted:		Declined:	
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Reason:

Engineer Approval:		Date:	
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Approvals (When applicable)

Engineering Manager:		Date:	
Manufacturing Manager:		Date:	
Program Manager:		Date:	
Quality Manager:		Date:	
Purchasing Manager:		Date:	
Production Control:		Date:	