



KAVLICO SUPPLIER INFORMATION REQUEST

Supplier Name:	Supplier Number:	Purchase Order Number:	Date:	KSIR No.:
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Part Number:	Rev:	Part Name:	Buyer:	Qty. Ordered	Qty. Rejected
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DESCRIPTION OF REQUEST:

CAUSE:	CORRECTIVE ACTION:

Signature:	FORWARD TO: Kavlico Corporation FAX (805) 531-6530
Title: _____ Date: _____	

FOR KAVLICO USE ONLY

Item	Qty	Disposition UAI - RWK - SCRAP	Responsibility Kavlico Supplier		Disposition Instructions:

Approvals: Manufacturing Engineering or Design Engineering	Approvals: Quality Engineering or Supplier Quality Engineering
Date: _____	Date: _____

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