

Supplier Change Request (SCR)

Company Name	<input type="text"/>	Contact Name	<input type="text"/>
Address 1	<input type="text"/>	Contact Phone	<input type="text"/>
Address 2	<input type="text"/>	Contact E-mail	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>

What Products Will Be Changed?

Product Description	<input type="text"/>
Effected P/Ns	<input type="text"/>

How Will the Product Change?

	Changing From...	Changing To...
Product Name	<input type="text"/>	<input type="text"/>
Packaging/Package Size	<input type="text"/>	<input type="text"/>
Specification/Dimension	<input type="text"/>	<input type="text"/>
Manufacturing Location	<input type="text"/>	<input type="text"/>
Process Conditions	<input type="text"/>	<input type="text"/>
Equipment Used	<input type="text"/>	<input type="text"/>
Raw Material/Component	<input type="text"/>	<input type="text"/>

Material is being discontinued.

Recommended Replacements	<input type="text"/>
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When Do You Propose That the Change Take Place?

Notification Date	<input type="text"/>	Notes:	
Proposed Change Date	<input type="text"/>	<input type="text"/>	
Samples Available Date	<input type="text"/>	<input type="text"/>	

Why Is the Change Necessary?

<input type="text"/>

To submit this request: complete this form and Email to ProductChange@fnst.com