

# SUPPLIER ENGINEERING CHANGE REQUEST

Supplier Name _____	Department _____
Approved By _____	Plant _____
Request by <input type="checkbox"/> Supplier	ABC Plant _____
<input type="checkbox"/> Other	_____
	_____
	Date _____

**PRODUCTS AFFECTED:**

Program: _____	Part Number / Rev: _____	PPAP Required: Yes <input type="checkbox"/> No <input type="checkbox"/>
Product: _____	Drawing Number: _____	Target Date of Completion _____
	Revision ECN: _____	

**REASON FOR CHANGE:**

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**DESCRIPTION OF CHANGE REQUEST:**

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**DOCUMENT (S) ATTACHED**

Yes  No

**Change Effects - check as applicable**

**Supplier Documents to be Supplied With Quotation**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Safety                  | <input type="checkbox"/> Process               | <input type="checkbox"/> Tooling                         |
| <input type="checkbox"/> Material                | <input type="checkbox"/> Plant Layout / Design | <input type="checkbox"/> PC Price                        |
| <input type="checkbox"/> Packaging               | <input type="checkbox"/> Equipment Design      | <input type="checkbox"/> Delivery (Including PPAP)       |
| <input type="checkbox"/> Additional Equipment    | <input type="checkbox"/> Finishing             | <input type="checkbox"/> Tooling & Piece Price Breakdown |
| <input type="checkbox"/> Regulatory              | <input type="checkbox"/> Other                 | <input type="checkbox"/> Reference ECR# on All Documents |
| <input type="checkbox"/> Molding/Stamping        |  |  |
| <input type="checkbox"/> Assembly                |  |  |
| <input type="checkbox"/> Supplier (Tier 2/Tier3) |  |  |
| <input type="checkbox"/> Plant Relocation        |  |  |
| <input type="checkbox"/> Equipment Relocation    |  |  |

**ABC GROUP APPROVALS:**

APPROVALS	INITIAL	DATE
<input type="checkbox"/> Purchasing	_____	_____
<input type="checkbox"/> Engineering	_____	_____
<input type="checkbox"/> Plant Quality Manager	_____	_____
<input type="checkbox"/> Senior Site Manager	_____	_____