



# 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 Ibis Tek**

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:	