



Supplier Non-Conformance Approval Request

Supplier Name: _____ Date: _____

Purchase Order No: _____ Dukes P/N: _____ Rev: _____

Purchase Order Line Item: _____ Lot Size: _____ Quantity Rejected: _____

Dukes Buyer/Planner: _____

Dukes Furnished Material: Yes No Complete ALL Fields

Specification/Drawing Requirements: _____

Description of Discrepancy: _____

Root Cause of Discrepancy: _____

Action taken to correct Root Cause and Preventative Action : _____

Effectivity Date: _____ Supplier Representative Signature: _____

Dukes, Inc. Use ONLY!

Justification Comments: _____

SNAR Approved SNAR Disapproved

Dukes Engineering: _____ Date: _____

Dukes Quality Engineering: _____ Date: _____

Both signatures are required for an approval. One signature for a disapproval.