

# Supplier Deviation Request

**Section I. (To be completed by Supplier)**

<b>Check appropriate box:</b> <input type="checkbox"/> Deviation Request <input type="checkbox"/> Improvement Idea <input type="checkbox"/> For Information				
Date:		Supplier:		TMS PO #:
Supplier Contact Name:		Phone #:		Supplier Part No. / Description:
		Email:		
TMS Part Name / Description:		TMS Part No. / Purchase Spec No:		Revision:
Supplier Comments / Description of Deviation:				
Qty Affected	Unit of Measure	TMS / Supplier Drawing Spec: Identify Affected Lot No's / Serial No's	Location /section /para. of deviation	Deviation Description
<b>Supplier - Root Cause of Deviation:</b>				<input type="checkbox"/> Root Cause Not Applicable
<b>Supplier - Corrective Action Plan to Prevent Recurrence:</b>				<input type="checkbox"/> Corrective Action Not Applicable

**Section II. (To be completed by Times Microwave MRB)**

**TMS MRB Approval Signatures (Required)**

ENGINEERING	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected (see comments)
Name:	Signature:	Date:
Comments:		
QUALITY	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected (see comments)
Name:	Signature:	Date:
Comments:		
FOR NOTIFICATION ONLY (when applicable)		
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Purchasing	<input type="checkbox"/> Sales
Comments:		

SDR #: \_\_\_\_\_ Date: \_\_\_\_\_