**SUPPLIER RATING CHANGE REQUEST**

 **[ ]  QUALITY RATING** **[ ]  DELIVERY RATING**

Send completed form and supporting data to SupplierQuality@marvineng.com. Please include a contact name, phone number and e-mail address for the person to be contacted with any questions regarding this change request.

|  **Vendor ID:**       |  **Company Name:**       |
| --- | --- |
|  **P.O. Number:**        |  **Part Number:**       |
|  **Line Item:**       |  **P.O. Delivery Date:**       |  **Actual Delivery Date:**       |
|  **Failed Qty:**       |  **DMR Number:**       |  **Buyer:**       |
|  Address:       City:       |  State:       Zip Code:       |
| **Contact Information** |
|  Name:       Phone:       | Title:      Email:       |
| *To be filled out by Requester* |
|  **Reason for Rating Change Request (please include background data, pictures, drawings, graphics, etc. that provide additional detail and clarification):**      |
| **Requested by:       Date:**  |
| *To be filled out by Marvin Engineering* |
|  **Supplier Quality Rating Analyst/Approver:**      |  **Procurement Delivery Rating Analyst/Approver:**      |
|  **MEC Adjustment To Supplier Rating: [ ]  Completed Date:**  |
|  **Reason If Request Is Rejected:**      |