

# PPAP SAMPLES DELIVERY NOTICE

SUPPLIER TO COMPLETE											
SUPPLIER NAME:						SUPPLIER CODE:					
SUPPLIER CONTACT:						CONTACT NUMBER:					
TYPE OF SUBMISSION:		INITIAL SUBMISSION		RESUBMISSION		ENG. / DESIGN / PROCESS CHANGE					
LEVEL OF SUBMISSION:		I		II		III		IV		V	
SQA CONTACT:				BUYER:				QUANTITY:			
PART NAME:				DRAWING NUMBER:				DRAWING LEVEL:			
ECR NUMBER:				P. O. NUMBER:							
REMARKS/COMMENTS:											