

# 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:											