**General information:**

Requested date:

Item number:       Item description:

Total associated quantity:

Associated COTTA purchase order number(s):

The name of the Buyer at COTTA that the request was submitted to:

Supplier [company] name:

Supplier [employee] to contact with feedback, including disposition:

Contact phone number:       Fax number:       E-mail address:

**Description of required condition:**

**Description of actual condition:**

**Total concern exposure and containment actions taken, including supporting data:**

For internal use only

**COTTA disposition:**

Status: Approved[ ]  Denied[ ]  Quantity approved:       Expiration date:

NCMR number(s):       (required)

Supplier Corrective Action: Required[ ]  Record number:       Full plan due date:

Authorized by:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Feedback Comments: