



**NONCONFORMING
MATERIAL REPORT**

Part Number / Assembly: _____ NMR #: _____

Description/Mfg P/N: _____

Quantity Rejected: _____ Vendor: _____

Initiated by: _____ Date: _____

Description of Non Conformance: _____

Disposition: Return to Vendor Rework Regrade Scrap Accept As Is

Instructions: _____

Approved By: _____ Date: _____

MFC RA #: _____ Inventory Adjust Amt: _____ Adjusted By: _____

Original PO #: _____ Invoice #: _____ Unit Cost: _____

Vendor RGA #: _____ Debit Memo #: _____ Restock: _____

Take item off DTS (Dock to Stock): Yes No

Corrective Action Required Yes No Requested by: _____

Close Out: _____

Approved By: _____ Date: _____