PARTS UPDATE FORM

Date Submitted: ____________________

NEW CHANGE DELETE CU MC RC

Uof R Stock #______________________

Manufacturer ___________________________________________________________

Manufacturer Part # _____________________________________________________

DESCRIPTION ___________________________________________________________

VENDOR __________________________________________ VENDOR CODE _______

PURCHASE PRICE _________________________ QUOTE # _______________________

UOM _____________________________________________________________

CONTACT __________________________ PHONE _____________________________

How many would you like stocked? Minimum* _______ Maximum __________

* will reorder when the quantity goes below this point

SIGNATURE REQUIRED: This part is required to be issued within 18 months. If the parts are not issued, or become obsolete, the requesting department must submit a work order number to write off existing stock.

MECHANIC __________________________ PRINT _____________________________

SUPERVISOR _________________________ PRINT ___________________________

FOR MATERIALS MANAGEMENT USE:

BIN LOCATION _______ CLASS CODE _______

SAFETY _______ REORDER POINT _______ EOQ _______

MSDS REQUIRED __________________________________________________________

COMPLETED BY __________________________ DATE _________________________