MSFC FLIGHT HARDWARE SUPPORT OPERATIONS

Material Request/Quality Criteria Assignment

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Date of Request: _____ Request ID No.: _____ Rev. _____

Requester Name: _____

Requester Phone: _____ EPL No.: _____

Project Name: _____ Need Date: _____

Project Table Code: _____

Type of Request:

☐ Quote ☐ Requisition

Type of Material:

☐ Flight Use* ☐ Non-Flight Use ☐ Quality Sensitive*

*Requires Quality and Inspection Requirements completed by QAR prior to submittal.

MATERIALS REQUIRED

Item No.	Part Number	Description	Quantity	Ext. Cost (FHS Use Only)

FHS Use Only	DCN: _____ UPN: _____	Funding ☐	P/O:	TOTAL	

QUALITY AND INSPECTION REQUIREMENTS

Project Quality Assurance Representative (QAR) Name/Phone: _____

S&MA Inspection Required: ☐ Yes ☐ No IR Tag(s) Required: ☐ Yes ☐ No

MSFC Quality Assurance Survey/Mandatory Inspection Requirements/Test Requirements:

(Please note item numbers above)

QAR Approval: _____ (Signature/Date)

FHS Approval: _____ (Signature/Date)