

Sample Submission Form

Date _____ Time _____

Submitted to _____

Designation _____ Received date _____

Submitted by _____

Designation _____ Department _____

Name of Part _____

Part I.D. _____ Model No _____

Total Qty _____ Quantity taken for inspection _____

Remarks _____

Approved by _____

Designation _____ Date _____

