

QUALITY ASSURANCE REPRESENTATIVE'S CORRESPONDENCE

1. TO:		2. FROM: <i>(Name, address, ZIP Code, and office telephone number)</i>	
3. CONTRACT, P.O., OR O.I. NUMBER	4. ITEM		
5. PRIME CONTRACTOR NAME, ADDRESS AND ZIP CODE		6. PLANT NAME, ADDRESS AND ZIP CODE	

SUBJECT:

7. SIGNATURE OF QAR	8. DATE
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