

SUBSISTENCE VENDOR CONTRACT DISCREPANCY REPORT

For use of this form, see DA PAM 30-22; the proponent agency is DCS, G4.

1. FROM	2. THRU	3. TO
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4. DATE PREPARED (YYYYDDMM)	5. DELIVERY DATE (YYYYDDMM)	6. NAME OF PRIME VENDOR
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7. DISCREPANCY	a. ITEM (s)	b. NSN(s)	c. VENDOR SKU # (s)
(1)			
(2)			
(3)			
(4)			

d. NARRATIVE

8. REQUIRED INFORMATION	YES	NO	
(1) WAS THE SHIPMENT PARTIALLY OR COMPLETELY REJECTED?	<input type="checkbox"/>	<input type="checkbox"/>	
(2) WAS VETERINARY INSPECTION REQUESTED?	<input type="checkbox"/>	<input type="checkbox"/>	
(3) WAS THE VENDOR CUSTOMER REPRESENTATIVE CONTACTED?	<input type="checkbox"/>	<input type="checkbox"/>	
(4) IF CONTACTED DID RESPONSE CORRECT THE PROBLEM? (FPM)	<input type="checkbox"/>	<input type="checkbox"/>	

9. PREPARER			
a. NAME	b. PHONE NUMBER	c. SIGNATURE	d. DATE (YYYYMMDD)

10. FPM			
a. NAME	b. PHONE NUMBER	C. SIGNATURE	d. DATE (YYYYMMDD)