

CONTRACT DISCREPANCY REPORT

1. CONTRACT NUMBER		2. REPORT NUMBER FOR THIS DISCREPANCY		
3. TO <i>(Contractor and Manager's Name)</i>		4. FROM <i>(Name of QAE)</i>		
5. DATES <i>(YYYYMMDD)</i>				
a. PREPARED		b. RETURNED BY CONTRACTOR		c. ACTION COMPLETE
6. DISCREPANCY OR PROBLEM <i>(Describe in detail. Include reference to PWS Directive; attach continuation sheet if necessary.)</i>				
7. SIGNATURE OF CONTRACTING OFFICER				
8a. TO <i>(Contracting Officer)</i>		b. FROM <i>(Contractor)</i>		
9. CONTRACTOR RESPONSE AS TO CAUSE, CORRECTIVE ACTION AND ACTIONS TO PREVENT RECURRENCE. <i>(Cite applicable Q.C. program procedures or new Q.C. procedures. Attach continuation sheet(s) if necessary.)</i>				
10. SIGNATURE OF CONTRACTOR REPRESENTATIVE				b. DATE <i>(YYYYMMDD)</i>
11. GOVERNMENT EVALUATION <i>(Acceptance, partial acceptance, reflection. Attach continuation sheet(s) if necessary)</i>				
12. GOVERNMENT ACTIONS <i>(Reduced payment, cure notice, show cause, other)</i>				
13. CLOSE OUT				
	NAME (1)	TITLE (2)	SIGNATURE (3)	DATE (YYYYMMDD) (4)
a. CONTRACTOR NOTIFIED				
b. QAE				
c. ACO				