

A-001		MINFOR INCORPORATED									
PURCHASE ORDER REVIEW SHEET		PO Date _____									
PO No _____ Rev _____ Formal <input type="checkbox"/> Verbal <input type="checkbox"/> Amendment <input type="checkbox"/> Cust _____ Ph _____ Fax _____ Cust Qual Rep _____ Ph _____ Fax _____ Part No _____ Rev _____ Matrl _____ Qty _____ Job No _____ New <input type="checkbox"/> Repeat <input type="checkbox"/> Other <input type="checkbox"/>											
PO Qual Prov: <table border="1" style="display: inline-table; width: 100%; height: 15px; vertical-align: middle;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											
PO Item Qty: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____											
Del Date: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____											
List Contracted Rqmts _____ Incl Subs and Special Processes <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1</td> <td style="width: 50%;">5</td> </tr> <tr> <td>2</td> <td>6</td> </tr> <tr> <td>3</td> <td>7</td> </tr> <tr> <td>4</td> <td>8</td> </tr> </table>				1	5	2	6	3	7	4	8
1	5										
2	6										
3	7										
4	8										
Inspection Requirements: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> SPC Requirement _____ <input type="checkbox"/> Material Control _____ <input type="checkbox"/> Marking and Ident _____ <input type="checkbox"/> First Pc Insp _____ <input type="checkbox"/> First Article Insp _____ <input type="checkbox"/> Final Insp _____ <input type="checkbox"/> Cust Source Insp _____ <input type="checkbox"/> In-process Control _____ <input type="checkbox"/> </div> <div style="width: 48%;"> ESA Requirement _____ <input type="checkbox"/> Vendor Source Insp _____ <input type="checkbox"/> Special Gaging _____ <input type="checkbox"/> Special Process _____ <input type="checkbox"/> Special Workmanship _____ <input type="checkbox"/> Subcontracting _____ <input type="checkbox"/> Traceability _____ <input type="checkbox"/> Special Packaging _____ <input type="checkbox"/> </div> </div>											
Shipping Documents: Insp Rprt _____ C of C _____ Test Rprt _____ Deviations _____ Delivery Cond: Cust Pickup _____ Air _____ Land _____ Other _____											
Additional Requirements: _____											
Record of Shipments: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____											
Signature _____ Date _____ Audited by: _____ Date: _____											
QOP 001, Sec. One and Two		Form A-001 Rev 0 1998									