

CONTRACT DISCREPANCY REPORT

For use of this form, see USMEPCOM Reg 715-3

1. CONTRACT NUMBER	2. TO: (Contractor)	3. FROM: (Name of QAE/COR)
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4. DATES		
PREPARED	RETURNED TO CONTRACTOR	ACTION COMPLETED

5. DISCREPANCY OR PROBLEM (Describe in detail. Include reference in SOW. Attach additional sheets if necessary.)

6. SIGNATURE OF CONTRACTING OFFICER	DATE
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7. TO: (Contracting Officer)	8. FROM: (Contractor)
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9. CONTRACTOR'S RESPONSE TO CAUSE, CORRECTIVE ACTION, AND ACTIONS TO PREVENT RECURRENCE.

10. SIGNATURE OF CONTRACTOR OR REPRESENTATIVE	DATE
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11. GOVERNMENT EVALUATION (Acceptance or Rejection)

12. GOVERNMENT ACTIONS (Payment, Deduction, Cure Notice, etc.)

13. CLOSE OUT			
CONTRACTOR NOTIFIED	NAME & TITLE	SIGNATURE	DATE
AQE	NAME & TITLE	SIGNATURE	DATE
ACO	NAME & TITLE	SIGNATURE	DATE