Deviation # **S**_____

Doc. Ctrl Initials & Date_____

 LUMINATOR TECHNOLOGY GROUP

Supplier Deviation Request

Originator:		Supplier Name:		Date:	
Part #		Buyer:		P.O No.:	
Part Revision		Quantity:		PO Qty.:	

Line Item	Quantity	Specification/ Drawing Requirement	Description of Deviation Request	Date Code/ Lot Code
1				
2				
3				
4				
5				
6				

Cause for Deviation	Supplier Corrective Action ****Note: No consideration without adequate corrective action****	Effective Date

(Attach additional pages as required)

Supplier Signature		Date	

Luminator Action(s) / Comments (if applicable)

****Note: A copy of the approved Deviation must be included with shipment of parts****

Signature Authorization					
Quality Assurance	Date	Engineering	Date	Manufacturing Engineer	Date