

CONTRACT DISCREPANCY REPORT

For use of this form, see AR 5-20; the proponent agency is OACSIM.

1. CONTRACT NUMBER

2. **TO:** (Contractor and Manager Name)3. **FROM:** (Name of QAE)**DATES**

PREPARED

ORAL NOTIFICATION

RETURNED BY CONTRACTOR

ACTION COMPLETE

4. DISCREPANCY OR PROBLEM (Describe in Detail: Include reference in PWS / Directive: Attach continuation sheet if necessary.)

5. SIGNATURE OF CONTRACTING OFFICER

6. **TO:** (Contracting Officer)7. **FROM:** (Contractor)

8. CONTRACTOR RESPONSE AS TO CAUSE, CORRECTIVE ACTION AND ACTIONS TO PREVENT RECURRENCE. ATTACH CONTINUATION SHEET IF NECESSARY. (Cite applicable Q.A. program procedures or new A.W. procedures.)

9. SIGNATURE OF CONTRACTOR REPRESENTATIVE

10. DATE

11. GOVERNMENT EVALUATION (Acceptance, partial acceptance, rejection: attach continuation sheet if necessary)

12. GOVERNMENT ACTIONS (Payment deduction, cure notice, show cause, other.)

CLOSE OUT

	NAME AND TITLE	SIGNATURE	DATE
CONTRACTOR NOTIFIED			
QAE			
CONTRACTING OFFICER			