

SREA Supplement

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SREA #

Date:

Supplier*	Name/UCC Code				
	Address				
	Contact				
	IBMMAIL I.D.				
	Phone#				
Ford*	Part# (s)				
	Part Name(s)				
	Module(s)				
	Buyer				
	STA				
	Plant(s) Affected				
Feasibility Discussion	Date				
	Ford Lead				
	Participants				
	Change Classification				
	PPAP Submission Required				
	PEO Test Requirements				
	Plant Run Requirements, Quantity, & Timing				
	Contingency Plan				
Change	Description*				
	Reason*				
	Interchangeability				
	Ford Benefit*				
	Cost Impact* Statement				
	Ford Actions Required				
	Specification Change Responsibility (PEO) & Timing				
Attachments	Implementation Plan	Approved by:	<input style="width: 100px;" type="text"/>	Date:	<input style="width: 100px;" type="text"/>
	PPAP Checklist	Approved by:	<input style="width: 100px;" type="text"/>	Date:	<input style="width: 100px;" type="text"/>
	Qualification Plan	Approved by:	<input style="width: 100px;" type="text"/>	Date:	<input style="width: 100px;" type="text"/>

*include information on SREA form