

<b>CONTRACT DISCREPANCY REPORT</b> For use of this form, see DA PAM 5-20; the proponent agency is OACSIM.	1. CONTRACT NUMBER
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2. <b>TO:</b> <i>(Contractor and Manager Name)</i>	3. <b>FROM:</b> <i>(Name of QAE)</i>
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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: <i>(Contracting Officer)</i>	7. <b>FROM:</b> <i>(Contractor)</i>
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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
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11. GOVERNMENT EVALUATION *(Acceptance, partial acceptance, rejection: attach continuation sheet if necessary)*

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

CLOSE OUT			
CONTRACTOR NOTIFIED	NAME AND TITLE	SIGNATURE	DATE
QAE			
CONTRACTING OFFICER			