SUBSISTENCE VENDOR CONTRACT DISCREPANCY REPORT

For use of this form, see DA PAM 30-22; the proponent agency is DCS, G4.

1. FROM	2. THRU	3. TO

4. DATE PREPARED *(YYYYDDMM)*	5. DELIVERY DATE *(YYYYDDMM)*	6. NAME OF PRIME VENDOR

7. DISCREPANCY	a. ITEM *(s)*	b. NSN*(s)*	c. VENDOR SKU # *(s)*
(1)			
(2)			
(3)			
(4)			

d. NARRATIVE

8. REQUIRED INFORMATION		YES	NO
(1)	WAS THE SHIPMENT PARTIALLY OR COMPLETELY REJECTED?	☐	☐
(2)	WAS VETERINARY INSPECTION REQUESTED?	☐	☐
(3)	WAS THE VENDOR CUSTOMER REPRESENTATIVE CONTACTED?	☐	☐
(4)	IF CONTACTED DID RESPONSE CORRECT THE PROBLEM? (FPM)	☐	☐

9. PREPARER a. NAME	b. PHONE NUMBER	c. SIGNATURE	d. DATE *(YYYYMMDD)*

10. FPM a. NAME	b. PHONE NUMBER	C. SIGNATURE	d. DATE (YYYYMMDD)