

CONTRACT DISCREPANCY REPORT

1. CONTRACT NUMBER		2. REPORT NUMBER FOR THIS DISCREPANCY		
3. TO (Contractor and Manager's Name)		4. FROM (Name of QAE)		
5. DATES (YYYYMMDD)				
a. PREPARED		b. RETURNED BY CONTRACTOR		c. ACTION COMPLETE
6. DISCREPANCY OR PROBLEM (Describe in detail. Include reference to PWS Directive; attach continuation sheet if necessary.)				
7. SIGNATURE OF CONTRACTING OFFICER				
8a. TO (Contracting Officer)		b. FROM (Contractor)		
9. CONTRACTOR RESPONSE AS TO CAUSE, CORRECTIVE ACTION AND ACTIONS TO PREVENT RECURRENCE. (Cite applicable Q.C. program procedures or new Q.C. procedures. Attach continuation sheet(s) if necessary.)				
10. SIGNATURE OF CONTRACTOR REPRESENTATIVE				b. DATE (YYYYMMDD)
11. GOVERNMENT EVALUATION (Acceptance, partial acceptance, reflection. Attach continuation sheet(s) if necessary)				
12. GOVERNMENT ACTIONS (Reduced payment, cure notice, show cause, other)				
13. CLOSE OUT				
	NAME (1)	TITLE (2)	SIGNATURE (3)	DATE (YYYYMMDD) (4)
a. CONTRACTOR NOTIFIED				
b. QAE				
c. ACO				