

## Clarksville-Montgomery County School System

## **Purchasing Department**

621 Gracey Avenue Clarksville, TN 37040

Phone: (931) 920-7852 Fax: (931) 920-9852

## NONCONFORMING PRODUCTS AND/OR SERVICES

	т	
TODAY'S DATE:		
YOUR NAME/JO	B TITLE:	
SCHOOL/DEPAR	TMENT	
EMAIL ADDRES	S:	
PHONE NUMBER	R:	
	ORI	DER INFORMATION
COMPANY NAME:		
PURCHASE ORD	ER NUMBER:	
DATE OF PURCHASE ORDER:		
ITEM/ CATALOC	S NUMBER:	
TERM CONTRAC	CT NUMBER:	
BID/QUOTE NUM	MBER:	
Please check reas	son for noncompliance:	
	Wrong Item Ordered	Item Arrived Damaged
	Wrong Item Shipped	Item Arrived Defective
	Quality Not As Expected	Other (See Below)
If other, please list	t specific reason(s) for return of goo	ods and/or reason(s) services were deemed unacceptable:
Services regardi response/explana	ng goods/services provided by tion to CMCSS Purchasing Depa	e and/or number of submissions of Nonconforming Products and/or a vendor, the vendor will be required to provide a written artment. Failure to provide a response or receipt of an unsatisfactory from our prospective bidder's mailing lists and/or future proposals
	ered or removal from a contract.	To be completed by Purchasing Department: Date Received: Date Resolved: Action Taken:
Date: 5/15/09, Rev.	. B PUR-F009	Initials: