



SASKATOON CATHOLIC BOARD OF EDUCATION

**ADMINISTRATIVE SERVICES
QUALITY CONTROL REPORT**

STOCK ITEM # : _____ DESCRIPTION : _____

P.O. NUMBER : _____ VENDOR NAME: _____

REASON FOR QUALITY CONCERNS :

(PLEASE USE THE BACK OF THIS PAGE IF YOU NEED MORE ROOM)

ACTION TO BE TAKEN (FOR INTERNAL USE ONLY)

ACTION TAKEN BY: _____ **DATE:** _____

SCHOOL : _____ **DATE :** _____

NAME : _____
(PLEASE PRINT)

PLEASE RETURN THIS FORM TO THE PURCHASING DEPARTMENT