

IDEAS SUGGESTION FORM

Innovation Drives Excellence, Achievement and Savings

SUGGESTION (To be completed by supplier)			
Supplier:		Date:	
Submitted by:		Submitted to:	
Phone #:		Plant Location:	
Part Name & Number (if applicable):		Investment Required (if applicable):	
Estimated Annual Savings:	Savings/Unit:		Annual Usage:
Description of Suggestion:			
DISPOSITION OF SUGGESTION (to be completed by fischer)			
Date: ID	EAS Control Numbe	r: (location r	no.) (year) (count)
Suggestion Accepted:	Rejecte	d: 🗌	Accepted w/Modifications:
Credits Awarded to Supplier:		Credit Year:	
Estimated Implementation Date:			
Modifications to Suggestion (if any) or Reason Rejected:			

Please use additional sheet if necessary