

**DLA TROOP SUPPORT PACIFIC
SUBSISTENCE DEFICIENCY REPORT**

REPORT DATE: _____

FROM (ACTIVITY NAME): _____ DODAAC: _____

(ACTIVITY POC): _____ PHONE #: _____

VENDOR NAME: _____ DELIVERY DATE: _____

PURCHASE ORDER #: _____

ITEM NAME (s)	NSN(s)

Please mark all applicable discrepancies and provide detailed information below:

- Poor Quality Late Delivery
- Wrong Items Delivered Wrong Quantities Delivered
- No items received for order submitted on (date) _____
- Conveyance Concerns (delivery vehicle/container/packaging: food safety and/or security issues)
- Other (Please explain) _____

CORRECTIVE ACTION(S):

- I returned the following items for replacement: _____
- I need the following items replaced: _____
- No other actions required (For information purposes only)
- Other (Please explain): _____

DETAILS/REMARKS: _____

Email Report to (Primary method): TroopSupportPacificProcurement-Hawaii@dla.mil and Bryan.Miyakawa@dla.mil and Jon.Morimoto@dla.mil and Lynn_Vidal@notes.k12.hi.us

DLA Troop Support Pacific Contact Information: (808)474-2934/2938/2947/2944

Hawaii Child Nutrition Programs Contact Information: (808) 587-3600