

Vendor Incident Report Sheet

OCM Dept. Name: _____ Contact Name & Phone #: _____

Return to Lynda Russell, Business Office - Main Campus, Purchasing Dept., via interoffice mail, e-mail, or Fax: (315) 431-8444
Phone: 315 431-8584 Email: lrussell@OCMBOCES.org

<u>Date</u>	<u>Vendor</u>	<u>Describe Incident</u>	<u>Vendor Contacted (Y/N)</u> <u>Comments/Resolution Time Frame</u>
-------------	---------------	--------------------------	--