fischer AUTOMOTIVE SYSTEMS

IDEAS SUGGESTION FORM

Innovation Drives Excellence, Achievement and Savings

SUGGESTION *(To be completed by supplier)*		
Supplier:	Date:	
Submitted by: Phone #:	Submitted to: 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:	IDEAS Control Number: _ _ _ _ (location no.) - _ _ (year) - _ _ _ _ (count)	
Suggestion Accepted: ☐	Rejected: ☐	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

FAUS (2/12)

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