Material Substitution Approval Form

| Project Name |
|---|
| |
| Data |
| Date |
| |
| Requested By |
| |
| |
| Original Material |
| |
| |
| Proposed Substitute Material |
| |
| Reason for Substitution |
| |
| |
| |
| Technical Comparison |
| |
| |
| |
| Impact Assessment (Cost, Schedule, Quality) |
| |
| |
| Attachments (Drawings, Datasheets, etc.) |
| |
| |
| Requested By (Signature/Date) |
| |
| |
| Reviewed By (Signature/Date) |
| |

| Approved By (Signature/Date) | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |