

Your Company Name	MFG/QA TRAVELER Your Title	Your Form # Page 1 of 3
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[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

OPER DEPT Description of Task SIGN MR – ECP - ACN Date Gage

PART I										
5	[Redacted]	[Redacted]								
10	[Redacted]	[Redacted]								
20	[Redacted]	[Redacted]								
21	QC	Request Customer Source.								
23	CUST	Perform Monitoring.								
25	[Redacted]	[Redacted]								
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30	[Redacted]	[Redacted]								
[Redacted]	[Redacted]	[Redacted]								

PART II										
40	[Redacted]	[Redacted]								
[Redacted]	[Redacted]	[Redacted]								
[Redacted]	[Redacted]	[Redacted]								
[Redacted]	[Redacted]	[Redacted]								
[Redacted]	[Redacted]	[Redacted]								
[Redacted]	[Redacted]	[Redacted]								
[Redacted]	[Redacted]	[Redacted]								
[Redacted]	[Redacted]	[Redacted]								
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[Redacted]	[Redacted]	[Redacted]								
[Redacted]	[Redacted]	[Redacted]								
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[Redacted]	[Redacted]	[Redacted]								
[Redacted]	[Redacted]	[Redacted]								

DEFINITIONS: [Redacted]

OPER	DEPT	Description of Task	SIGN	MR – ECP - ACN	Date	Gage
115	QC	[REDACTED]				
120	ENG & TECH	[REDACTED]				
122	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				

PART III

OPER	DEPT	Description of Task	SIGN	MR – ECP - ACN	Date	Gage
128	TECH	Computer program: Name: _____ Rev: _____				
128.1	TECH	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				

PART IV

201	QC	[REDACTED]				
203	QC	[REDACTED]				
205	QC	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				

COMMENTS:

Company Name		MFG/QA TRAVELER Your #			Your Form # PAGE 3 of 3	
OPER	DEPT	Description of Task	SIGN	MR - ECP - ACN	Date	Gage
230	TECH	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
267	QC	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				
271	QC	[REDACTED]				
273	QC	Request Customer Source Inspection for FINAL ACCEPTANCE.				
275	CUST	Perform Source Inspection IAW contract requirements. Acceptance is defined as approval of the end item data package and the contract end items.				
280	PROD	[REDACTED]				
285	QC	[REDACTED]				
[REDACTED]	[REDACTED]	[REDACTED]				

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Manufacturing/QA Traveler, Style 2
Your Item's Name
Drawing No: Your Dwg No.

Revisions		Rev:	
Date	Change Number - Description	Approval	
Special Instructions:	Use Your # for sign-off upon completion of Operation - use black ink.		
Used On	Contract#:		
		Mfg/QA Traveler	

Your Company Logo

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Your Item Name			
PROGRAM:		SPECIFICATION:	

Raw Material Traceability Data:

Line out fields above that are not applicable

Your # (mo/yr)

Your Company Name	REV Date	CAGE	DOC#:	Your Traveler #	2 of 2
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OPER	DEPT	Description of Task for Your #
10	MFG	[REDACTED]
10.1	MFG	[REDACTED]
20	MFG	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
55	QC	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

NOTE: Store supplies in dry nitrogen purged cabinet.

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Your Company Name	REV Date	CAGE	DOC#:	3 of 3 Your Traveler #
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