PACKAGING SPECIFICATIONS

PROGRAM: _____ **TYPE:** **EXPENDABLE** ☐ **RETURNABLE** ☐

SUPPLIER: _____ DATE ISSUED: _____

NMFC DESCRIPTION: _____ REV LEVEL: _____

NMFC ITEM # / CLS: _____ REV DATE: _____

	CONTAINER INFORMATION								PALLET INFORMATION				
PART NUMBER	CONTAINER TYPE	RETURN RATIO	LENGTH	WIDTH	HEIGHT	PIECES PER CONTAINER	GROSS WEIGHT	TARE WEIGHT	LENGTH	WIDTH	HEIGHT	CONTAINERS PER LAYER	LAYERS PER PALLET

ANY DEVIATIONS AND/OR REQUEST FOR PACKAGING CHANGE MUST BE APPROVED PRIOR TO CHANGE

Dakkota APPROVAL:

AUTHORIZED NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

SUPPLIER APPROVAL:

AUTHORIZED NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____