Change/Additional Request Form

Project Identification

Project Name	Project Type Implementation (Business Consulting, Implementation, Upgrade, Internal, other)	Planned Start/Finish
Your Business or Accounting System		09 Nov 2014-31 Mar 2015

Program Sponsor (CLIENT/Pantai)	Program Manager (CLIENT/Pantai)	Project Manager (CLIENT/Pantai)
Name of Sponsor	Name of Program Manager	Name of Project Manager
Program Sponsor (Contractor/Strateq)	**Program Director (Contractor/Strateq)**	**Project Manager (Contractor)**
		SW Project Consulting Sdn Bhd

Change Description

Change Number	Priority High	Project Phase
ERP-CR1111001	**H =** High **M** = Medium **L**=Low	Phase X

Title for Change request.

Detail narration on the change request.

The treatment for advance payment has been finalized by authority. The original treatment is not correct and therefore it has to raise the change request to correct the previous treatment.

Benefits or Reasons for Change:
Benefit received after the change request.

The change request is necessary to capture the necessary treatment for advance payment. This will lead to correct GST submission.

Detailed Request Information

Requested By:	Requester
Date of Request:	09 Nov 2014
Request Number:	ERP-CR1111001
Solution/Module:	Business or Accounting System
Business Area:	GST

Impacts	
Factor	**Description**
Scope	Treatment for Advance Payment
Schedule	09 Nov 2014 to 31 Mar 2015
Resources	Contract Consultant
Cost	RMXXX
Assumptions	It is the final treatment with valid feedback from authority
Impact of not doing the Change	The impact will lead to inaccurate calculation on GST submission.
Other	

Recommended Action
Perform change request to rectify identified issue.

Other Relevant Information
Alternative Solutions
N/A

SAMPLE

Change Approval

Approval options include Yes, No, Deferred to another Phase of the project, or Deferred to another project.

Acknowledged by Requesting Dept

Decision	Name	Title	Signature / Date
[ ] Approved **[ ] Rejected** **[ ] Deferred** **[ ] Not applicable - Work not required**			

Acknowledged by the Contractor

Decision	Name	Title	Signature / Date
[ ] Approved **[ ] Rejected** **[ ] Deferred** **[ ] Not applicable - Work not required**			

Acknowledged by the CLIENT Project Manager

Decision	Name	Title	Signature / Date
[ ] Approved **[ ] Rejected** **[ ] Deferred** **[ ] Not applicable - Work not required**			

SAMPLE