

Change Request Form

CHANGE REQUEST FORM

CHANGE REQUEST NO: Earlier Installation **Date Submitted:**
and Conversion

Project Name: GRM Tax System **Module Name:** Conversion

Originator: **Project Manager:**

Priority **Required Date (if urgent):**

Fixed Cost: (expires 30 days from date of response)

Estimated Delivery Date: (expires 30 days from date of response)

Request Type: Product Schedule Effort Process

Description of Change Being Requested:

Recommended Solution: (Provide your opinion on the best course of action, based on factors such as cost, schedule, or product quality.)

Alternative Solutions: (Briefly describe any alternatives such as procedural changes being considered.)

In-scope Change: (Provide contractual documentation to support this change being in-scope.)

Project Manager Assessment

Priority Urgent Normal **Required Date (if urgent):**

High Level Risk Assessment: (Briefly describe any risk involved with this change request. If a more detailed risk assessment is required, refer to the Risk Management Plan.)

Submission Approval:

Client Signature: **Date:**

Manatron Project Manager Signature: **Date:**

Impact Analysis

Technical Assessment: (Briefly describe any risk involved with this change request. If a more detailed risk assessment is required, refer to the Risk Management Plan.)

Completed by:

Date:

Contractual Assessment:

Completed by:

Date:

Steering Committee Approval

Change Control Request No:

Change Request Decision:

Approved As Requested Approved as Amended Rejected Escalated

Manatron Project Manager Signature:

Date:

Client Signature:

Date: