



SPMO CHANGE REQUEST

NAME OF PROJECT		SPMO PROJECT CODE	DATE REQUESTED (YYYY MM DD)
REQUESTED BY		PROJECT SPONSOR	
REQUEST NUMBER (SPMO)	TITLE OF CHANGE	URGENCY <input type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Low	
DESCRIPTION OF THE CHANGE REQUEST			
EFFECT OF THE CHANGE (I.E., SCHEDULE, COST, RESOURCES, QUALITY AND/OR FUNCTIONALITY AND LINKS TO OTHER PROJECTS)			

BENEFITS (Consider Internal and External)
IMPACT (Consider Internal and External)

Estimated Project Change Requirements:

Revised Deliverables including timelines:			
Additional Budget Request:	STOB 60: \$	(Professional Services)	STOB 63: \$
	Capital: \$	(Equipment)	Other: \$
			(IMB)
			(i.e. Travel)
ADDITIONAL ISSUES/COMMENTS			

SPONSOR APPROVAL	PRINT NAME	<input type="checkbox"/> APPROVED	DATE SIGNED (YYYY MMM DD)
		<input type="checkbox"/> NOT APPROVED	
PROJECT MANAGER/DELEGATE APPROVAL	PRINT NAME	<input type="checkbox"/> APPROVED	DATE SIGNED (YYYY MMM DD)
		<input type="checkbox"/> NOT APPROVED	
ADDITIONAL ISSUES/COMMENTS			

Report to Cross Divisional Committee	
COMMENTS	DATE (YYYY MM DD)