Change C	ontrol	<b>Sheet</b>
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Project Title	Project Number
Project Manager	

CHANGE REQUEST				
Originator	Date of request	Change request no.		
Phone:	·	allocated by Change Controller		
Items to be changed		Reference(s)		
Description of change (reasons for change, benefits, date required)				
Estimated sect, and time to implement (questation at	ttached? Voc. No. \			
Estimated cost, and time to implement (quotation attached? Yes No )				
Priority / Constraints (impact on other deliverables, implications of not proceeding, risks)				

CHANGE EVALUATION							
What is affected		Work required (resources, costs, dates)					
Related chan	ge requests						
Name of evaluator		Date evaluated Signature					
CHANGE APPROVAL							
Accepted	Rejected	Deferred	Name Signed [		Date		
Comments							

CHANGE IMPLEMENTATION			
Asset	Implementer	Date completed	Signature

**Change Control Log** 

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Project Manager	