# Change Control Request Form

# Change Request Number: <CR00002>

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| **General Information** | | | |
| Requestor Name | | | Date |
| JAGADEESH | | | 11/04/2017 |
| Office | | | |
|  | | | |
| Contact | Phone | Email | Fax |
| 9603454640 |  | jagadeesh@gmail.com |  |
|  |  |  |  |

| **Change Request Definition - (Fill in this section before Change Control Team requests an evaluation)** |
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| Description – Describe the proposed change. |
| To provide Online Payment to the users. |
| Justification – Justify why the proposed changes should be implemented. |
| For customers it becomes difficult to pay cash on delivery as the delivery person sometimes may not have enough change to return the cash to the customers. |
| Impact of Not Implementing – Explain the impact if the proposed change is not implemented. |
| Lack of features to the customers may leads to less usability. |

| **Change Request Evaluation Analysis (Fill in this section after Change Control Team confirms evaluation is needed)** |
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| Check each that apply  Project Schedule Configuration Item  Product Deliverables affected  Project Costs  Project Charter  Design Deliverables affected  Project Scope  Requirement Deliverables  Construction Deliverables affected |
| Impact Description – Describe the impact for each of the items checked. List all deliverables affected by change request |
|  |
| Alternatives – If applicable - provide up to three alternatives that could be implemented instead of the proposed change. |
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| **Change Control Team Recommendations** | | | |
| --- | --- | --- | --- |
| Review Date | Team Members | Notes | Recommendation |
| **18/04/2017** | **Jagadeesh**  **Naveen**  **Dharaneshwar** | **Need a 1 week time to complete the task and a budget of 8000 rupees.** | Evaluate  Approve  Reject  Defer Until: [DATE] |
|  |  |  | Approve  Reject  Defer Until: [DATE] |
| Rationale for Recommendation – State the rationale for recommendation. | | | |
|  | | | |

| **Change Request Final Management Approval** | | | |
| --- | --- | --- | --- |
| Final Approval Date | Name | Title | Recommendation |
| **18/04/2017** | **Vikas** | **V-MARK Application** | Approve  Reject |
| Special Instructions – Provide any additional information regarding the final recommendation. | | | |
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| **Alternative Selected and Implemented –** Provide a brief description of the alternative selected |
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