Change Control Form

Change Request: Enhancement in Vending Machine   *Project: VMCS*

CHANGE REQUEST INITIATION: Originator: **SAVDEEP SINGH GANDHI** Phone:**+65-97786486** email:**savdeepgandhi@gmail.com**

Date Submitted: **10/09/2015** Product Name: **VMCS** Version Number: **R1.0.8**

CONFIGURATION ITEMS IMPACTED: Software: **XXX** Firmware: --- Hardware: --- Documentation: --- Other: ---

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CHANGE TYPE: New Requirement: **XXX** Requirement Change: --- Design Change: --- Other: ---

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REASON: Legal: --- Market: --- Performance **XXX** Customer Request: --- Defect: --- Other: ---

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PRIORITY: Emergency: --- Urgent: **XXX** Routine: --- *Date Required: 10/10/2015*

CHANGE DESCRIPTION:
The system is required to provide an at-a-glance display of the cash amount available, by denomination, for collection by the Maintainer. This will enable the Maintainer to readily tally the total cash collected and the total number of coins by denomination displayed in "Show Total Cash Held" and "Press to Collect Cash" when pressed, thus leaving no room for dispute over system errors.

Attachments: Yes (Screen-Shots attached)

TECHNICAL EVALUATION: *(Use attachment to explain changes, impact on other entities, impact on performance etc.)*

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected_____

Modules Affected: **Component**   **Date Completed**   **Assigned**

Modules Affected:	Component	Date Completed	Assigned
1. _____	_____	____/_____/_____	_____
2. _____	_____	____/_____/_____	_____
3. _____	_____	____/_____/_____	_____
4. _____	_____	____/_____/_____	_____

Documentation Affected:	Section #	Page #	Date Completed	Assigned
1. _____	_____	_____	____/_____/_____	_____
2. _____	_____	_____	____/_____/_____	_____
3. _____	_____	_____	____/_____/_____	_____

TIME ESTIMATES to make the change: *(Use attachment if necessary.)*

Lifecycle Stage	Est. Time	Act. Time	Date Comp.	Action By	Remarks
Analysis/Design	_____	_____	___/___/___	_____	_____
Coding/Testing	_____	_____	___/___/___	_____	_____
Acceptance	_____	_____	___/___/___	_____	_____
Total Hours:	_____	_____			_____

Project Impact Analysis Needed: **Yes / No** *(If yes, include impact on budget, resources, schedule, risk etc.)*

APPROVALS: Change Approved: _____ Change Not Approved: _____ Hold (Future Enhancement): _____
Release Approved: _____ Release Date: _____

1. Signature _____ Designation _____ Date: ____/____/____

2. Signature _____ Designation _____ Date: ____/____/____

3. Signature _____ Designation _____ Date: ____/____/____

3.1   Before Change

Enhancement
Denomination Quantity and Amount that totals to Cash Held and Coins Expected to Collected to be displayed

3.2   After Change

Enhancement
The denomination quantity and amount tally with the Total Cash Held and Total Coins to Collect