

Thomson Reuters Change Request Form

CHANGE REQUEST FORM

CHANGE REQUEST NO:

Date:

Submitted:

Project Name: GRM Tax System

Module Name:

Originator:

Project Manager: Lisa Meredith

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: