



Modification/Change Control Request (MR) #
Project Name
Version

Your Company Name

Modification / Change Control Request

Date

www.SDLCforms.com



Revision History

| Date | Version | Author | Change |
|------|---------|--------|--------|
| | | | |
| | | | |
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Note: Text displayed in blue italics is included to provide guidance to the author and should be deleted before publishing the document. In any table, select and delete any blue line text; then click Home→Styles and select “Table Text” to restore the cells to the default value..

| | | | |
|---------------------|--|----------------|--|
| Requested By | | Date | |
| Department | | Phone # | |

1 REASON FOR THE CHANGE

Provide the reason why the modification request is needed.

2 DESCRIPTION

Provide complete details of the modification request.

3 ASSUMPTIONS

Provide any assumptions here.



4 PROJECT IMPACTS

Complete the following tables. Leave sections blank for areas that do not apply. Fill in cumulative information if hours or costs are impacted.

| Estimated Schedule Impacts | | |
|----------------------------|----------------------|---------------------|
| Milestone / Deliverable | Original Target Date | Revised Target Date |
| | | |
| | | |

| Breakdown of Estimated MR Hours and/or Costs | | | |
|---|-----------------|-----------------------|---------------------|
| Item Description (Deliverable, Phase, Activity, Equipment, etc.) | Estimated Hours | \$ / Hour (or N.A) | Estimated Item Cost |
| | | | |
| | | | |
| TOTALS FOR THIS MR (Sum of above columns) | | | |
| Cumulative Project Information | Hours | | Cost |
| Original Project Hours & Cost Estimates | | | |
| Total of Previously Approved Modification Requests | | | |
| Current MR Estimates (from TOTALS Above) | | | |
| NEW CUMULATIVE TOTALS (Sum of above 3 numbers) | | | |



Complete the following table as a guide to explain the estimated additional capitalized and expensed costs associated with this modification request.

| CAPITAL / EXPENSE WORKSHEET | | | |
|---|----------------------------|----------|---------|
| Project Work Order # | | | |
| Internal IT Resources | Estimate | Estimate | |
| | Staff Cost | Capital | Expense |
| | | | |
| Subtotal | \$0 | \$0 | \$0 |
| External Professional Services | Professional Services Cost | Capital | Expense |
| | | | |
| Subtotal | \$0 | \$0 | \$0 |
| Hardware / Communications & Maintenance | Cost | Capital | Expense |
| | | | |
| Subtotal | \$0 | \$0 | \$0 |
| Software Licenses & Maintenance | Cost | Capital | Expense |
| | | | |
| Subtotal | \$0 | \$0 | \$0 |
| Other (Travel, Supplies, etc) | Cost | Capital | Expense |
| | | | |
| Subtotal | \$0 | \$0 | \$0 |
| Software Licenses | Cost | Capital | Expense |
| | | | |
| Subtotal | \$0 | \$0 | \$0 |
| | Cost | Capital | Expense |
| SUBTOTALS | \$0 | \$0 | \$0 |
| Contingency | Cost | Capital | Expense |
| Contingency (15%) | \$0 | \$0 | \$0 |



| CAPITAL / EXPENSE WORKSHEET | | | |
|-----------------------------|----------|----------|---------|
| Project Work Order # | | | |
| | Estimate | Estimate | |
| | Cost | Capital | Expense |
| GRAND TOTALS | \$0 | \$0 | \$0 |
| Notes: | | | |

5 APPROVALS

Provide approval information in the following table.

| Name / Title | Signature | Date | Comments |
|--------------|-----------|------|----------|
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