Client name

Change Request

Request to change the scope of work

Client	
Project	
Change request no.	CR-001
Contract number	
Contract date	DD.MM.YYYY
Responsible & author	Project manager
Date of issue	DD.MM.YYYY

The contractual terms of the main contract apply to this change request.

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1. Request

Client	
Project name	
CR number	
Date of request	DD.MM.YYYY
Requested by	
E-mail	
Phone	
Urgency	☐ High ☐ Medium
Implementation required by	DD.MM.YYYY
Description of the change request (attach if needed)	
	Attachment: _____
Reason / benefit (attach if needed)	
	Attachment: _____
Project manager's recommendation	
	Attachment: _____
Effort for the analysis	Person-days or lump sum in € (incl. VAT)

DECISION ON THE IMPACT ANALYSIS

☐ Analysis approved ☐ Analysis rejected	Steering committee, client · Date, signature
☐ Analysis approved ☐ Analysis rejected	Steering committee, contractor · Date, signature

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2. Analysis

Impact of the change request
Attachment: _____
Description of the solution (incl. schedule)
Attachment: _____
Project manager's recommendation
Attachment: _____

Implementation effort	Person-days or lump sum in € (incl. VAT)
Urgency	☐ High ☐ Medium
The CR means	☐ Additional effort ☐ Included in the scope of work ☐ Reduced scope ☐ Conversion of scope
Impact on the schedule	☐ Yes ☐ No Which:
Resources required (client)	
Remark	

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3. Decision

☐ Implementation approved ☐ Implementation rejected	Steering committee, client · Date, signature
☐ Implementation approved ☐ Implementation rejected	Steering committee, contractor · Date, signature
Management	Date, signature
Remark	

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