

<b>Project Name:</b>	<b>Change Control Ref. No.</b>	<b>Prepared By:</b>	<b>Preparer's Signature:</b>
<b>Customer:</b>	<b>Customer Contact:</b>	<b>Contact Phone:</b>	<b>Date:</b>

<b>Change Requester's Name:</b>	<b>Requester's Title and Organization:</b>
<b>Phone:</b>	<b>e-mail:</b>

<b>Nature of Change:</b>	
<b>Is Change out of Scope?</b> <input type="checkbox"/> Yes	
<input type="checkbox"/> No	
<b>If change is out of scope, complete the following.</b>	
<b>Detail the technical impact of the proposed change.</b>	
<b>Detail the cost impact of the proposed change.</b>	
<b>Detail the schedule impact of the proposed change.</b>	
<b>Change Authority Signature (CCB Chairman or Project Manager)</b>	
<hr/> <b>Signature</b>	<b>Date:</b> <hr/>