



UNIVERSITY OF THE EAST
 Information Technology Department
PROJECT REQUEST FORM

APPENDIX 19

ITDept. Form No. 15.0.s2013

Project Request #: **YYYY-15-M-00001**

Submission Details *(To be filled up by the INITIATOR)*

Project Name:			
Requester:		Requester's Signature:	
College/Dept.:		Date Requested:	

Project Request Information *(To be filled up by the INITIATOR)*

Description:			
Reason:			
System Affected:			
Urgency:			Estimated Completion Date:
<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	
Impact of Not Making the Project:			

Impact Assessment *(To be filled up by the Campus ITD Senior Assistant Director)*

SCOPE OF WORK

Impact:	<input type="checkbox"/> No Change	<input type="checkbox"/> Expand	<input type="checkbox"/> Reduce
Description:			
Attachment:	None		

SCHEDULE

Impact:	<input type="checkbox"/> No Change	<input type="checkbox"/> Lengthen	<input type="checkbox"/> Shorten
Duration:	Day/s	Revised Completion Date:	
Attachment:	None		

ESTIMATED COST

Impact:	<input type="checkbox"/> No Change	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease
Description:			

Particulars	Qty/Unit Cost	Cost
TOTAL COST		P

Attachment:	
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Recommendation/ Approval *(To be filled up by the TECHNICAL COMMITTEE & ITD DIRECTOR)*

Final Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
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*I have reviewed the information contained in this Project Request Form and **agree**.*

Name	Designation	Signature	Date
C.C. Obillo, Jr.	Senior Assistant Director, Manila		
G.A. Asuncion	Senior Assistant Director, Calocan		
T.C. Cua	Senior Assistant Director, UERM		
G.J. Jaramillo	Director		

Closeout

Customer Name
 CLIENT/CUSTOMER

Techsupport Name
 ITDepartment TECHSUPPORT

Date

Date