



UNIVERSITY OF THE EAST
 Information Technology Department
PROJECT REQUEST FORM

APPENDIX 19

ITDept. Form No. 19.0.s2026

Project Request #: [_____]

Submission Details (To be filled up by the INITIATOR)			
<i>Project Name:</i>			
<i>Requester:</i>		<i>Requester's Signature:</i>	
<i>College/Dept.:</i>		Campus: <input type="checkbox"/> Manila <input type="checkbox"/> Caloocan	
Project Request Information (To be filled up by the INITIATOR)			
<i>Description:</i>			
<i>Reason:</i>			
<i>System Affected:</i>			
<i>Urgency:</i> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		<i>Estimated Completion Date:</i>	
<i>Impact of Not Making the Project:</i>			
Impact Assessment -----(To be filled up by the ITD Director)-----			
SCOPE OF WORK			
<i>Impact:</i> <input type="checkbox"/> No Change <input type="checkbox"/> Expand <input type="checkbox"/> Reduce			
<i>Description:</i>			
<i>Attachment:</i>			
SCHEDULE			
<i>Impact:</i> <input type="checkbox"/> No Change <input type="checkbox"/> Lengthen <input type="checkbox"/> Shorten			
<i>Duration:</i>		<i>Revised Completion Date:</i>	
<i>Attachment:</i>			
ESTIMATED COST			
<i>Impact:</i> <input type="checkbox"/> No Change <input type="checkbox"/> Increase <input type="checkbox"/> Decrease			
<i>Description:</i>			
		<i>Particulars</i>	<i>Qty/Unit Cost</i>
			<i>Cost</i>
		TOTAL COST	P
<i>Attachment:</i>			

APPROVED For Implementation _____	_____
(SVP/Chancellor)	Date

To be filled out by IAO	
_____	_____
Internal Audit	Date

To be filled out by ITD	
_____	_____
ITD Personnel	Date
_____	_____
ITD Director	Date