

# Change Request

<b>Change Request Initiated by:</b>		Date Submitted
		PCR Number
<b>Billing Codes</b>		Revision # - _____
Print	Postage	Other _____
<b>Type of Request</b>		
Contract/SOW Central Reprographics Document Scan Other	Correspondence Mail Services Commercial Print Inventory/Warehousing	Transaction Mail Forms Management Forms Graphic Design
<b>Priority</b>		
<b>URGENT</b> Requires immediate attention!	High Priority	Date action required _____
<b>Describe Change Request (Attach Additional Documentation If Required)</b>		
<b>List All Attached Documentation (If Applicable)</b>		
<b>Areas Affected (Attach Description of Affected Areas)</b>		
Programs Files Manpower Schedules Other	Documentation Training Costs Equipment Other Agencies	
<b>Technical Specifications (If Applicable)</b>		

### Set Up Cost

Billable?

Yes

Estimated Time \_\_\_\_\_

No

### Billing Database

Require Update?

Yes

No

Line Item

Description

### Production Costs

Billable?

Yes

No

Line Item

1

2

3

Quantity

Cost

### Postage Costs

Billable?

Yes

No

Postage Type

Quantity

Cost

### Acceptance

Customer:

Accepted

Accepted with annotated changes

Not Accepted

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Post Masters:

Accepted

Accepted with annotated changes

Not Accepted

Revision # \_\_\_ Accepted

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

### Revision History/PCR Updates