

Project Change Request Form (PCR)

1. Change Overview	
Facility Name:	
Service Provider: [Service Provider Name]	Project Manager: [Project Manager Name]
Current Approved Project Budget: [Insert value in format \$M]	Current Approved Project Timeline: Start Date: [Select date] End Date: [Select date]
Project Description: [Provide a high-level overview of the project]	
Type of change request: <ul style="list-style-type: none"> • Change Notice from contractor/vendor <input type="checkbox"/> Ref. No. • Change Directive to contractor/vendor <input type="checkbox"/> Ref. No. • Internal (Service Provider) <input type="checkbox"/> Ref. No. 	
PCR Number:	

2. Change Initiator					
SLTC <input type="checkbox"/>	Service Provider <input type="checkbox"/>	Project Manager <input type="checkbox"/>	Designer <input type="checkbox"/>	Contractor <input type="checkbox"/>	AHJ <input type="checkbox"/>
Name:			Company / Business Unit:		

3. Change Cause and Description of Change							
Policy <input type="checkbox"/>	Mgmt./ Org <input type="checkbox"/>	Contractor/ Vendor <input type="checkbox"/>	Cost/ Economy/ Market <input type="checkbox"/>	Operations <input type="checkbox"/>	Technical <input type="checkbox"/>	Health & Safety <input type="checkbox"/>	Other <input type="checkbox"/>
<ul style="list-style-type: none"> [Provide detailed overview of proposed change including the justification / reason(s)] 							

4. Change Impact			
[Provide further overall details on the change impact]			
Scope	<i>Change in Scope:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	[Provide detailed overview of change to current approved scope]	
Schedule	<i>Schedule Impact:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	Current Substantial Completion Date	Select date
		Revised Substantial Completion Date	Select date
Cost	<i>Additional Budget Required:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	• Current Approved Budget [Insert value]	
		• Value of Increase Requested [Insert value]	
		• New Budget After Change [Insert value]	
	<i>Reduction in Project Contingency?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	• Current Contingency [Insert value]	
		• Contingency Value to be Used [Insert value]	
		• Revised Contingency Balance [Insert value]	
<i>Change in overall Estimate at Completion (EAC)?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	• Current Approved Budget [Insert value]		
	• Estimate at Completion (EAC) [Insert value]		

5. Approval	
Accepted <input type="checkbox"/>	Action Required/ Comments:
Rejected <input type="checkbox"/>	
Accepted Subject to Comments <input type="checkbox"/>	

6. Signatures			
Name	Organization (Title)	Signature	Date