

PROJECT CHANGE REQUEST (PCR)			
<b>PART I</b>			
<b>BASIC DATA AND SUMMARY</b>			
PCR No.:			
DATE:			
Requestor:			
Subject:			
Reason for PCR:			
DESCRIPTION OF THE REQUESTED CHANGE:			
ATTACHMENTS (if applicable)			
<b>PART II</b>			
<b>PRE-ANALYSIS</b>			
THE PCR REQUIRES PREPARATION OF SPECIFIC DESIGNS/CONSULTATIONS		YES	NO
if YES			
COST OF THE SPECIFIC DESIGNS/CONSULTATIONS:			
THE COST TO BE COVERED FROM THE FIT OUT BUDGET RESERVE FUND		YES	NO
if NO:			
SOURCE OF FUNDING (to be specified by the Agency)			
APPROVAL OF THE COST BY THE AGENCY (stamp and signature of the authorised Agency's representative):			
<b>ANALYSIS OF THE PCR</b>			
IS THE PCR FEASIBLE		YES	NO
if NO:			
	EXPLANATION:		
ARE THERE ALTERNATIVE SOLUTIONS:		YES	NO
if YES			
DESCRIPTION OF ALTERNATIVE SOLUTIONS:			
1			
2			
3			
SOLUTION RECOMMENDED BY THE CONTRACTOR:			
EXPLANATION (i.e. smaller impact on budget, no impact on delivery date, etc.):			
DOES THE PCR HAVE IMPACT ON:			
BUDGET:		YES	NO
if YES		INCREASE	DECREASE
TOTAL:			
DELIVERY DATE		YES	NO
if YES		EARLIER DELIVERY	LATER DELIVERY
IN DAYS/WEEKS			
MUSTS BY THE AGENCY:			
e.g. approval before a date, approval of costs of extra design for the sake of proper analysis etc.			
CURRENT FIT OUT BUDGET RESERVE FUNDS AVAILABLE:			
ATTACHMENTS (if applicable):			
<b>PART III</b>			
DECISION BY THE AGENCY			
IMPLEMENT THE PCR		YES	NO
IF DECREASE IN COSTS:		ALLOCATE TO FIT OUT BUDGET RESERVE FOR POTENTIAL OTHER PCRs	
		TO BE RECONCILIATED AFTER HAND OVER	
IF INCREASE IN COSTS:		TO BE COVERED FROM FIT OUT BUDGET RESERVE FUNDS	
		TO BE COVERED BY THE AGENCY BASED ON A SEPARATE INVOICE	
		TO BE RECONCILIATED AFTER HAND OVER	
STAMP AND			
SIGNATURE BY THE AGENCY'S AUTHORISED REPRESENTATIVE			