

# Change Request Form



Ref/PRO/CS.C.5.2-F01-18\_1.0e

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إدارة العقود والمشتريات  
Contracts & Purchasing Department

قطاع خدمات الدعم الإداري المؤسسي  
Corporate Administrative Support Services Sector

Date :

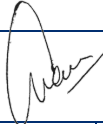

Change Request No :


Department :

<b>Project Code</b>		
<b>Project Name</b>		
<b>Project Financial Info.</b>	Project Price (AED)	
	Last Payment Certificate/Invoice No.:	
<b>Project Duration</b>	Commencement Date	
	Completion Date	
	Revised Completion Date	
<b>Project Progress (%)</b>	Planned	
	Actual	
<b>Project Brief Description</b>		

<b>Description of Change</b>			
<b>Change Requested By</b>	<input type="checkbox"/> Consultant/Contractor	<input type="checkbox"/> Department/Agency	
<b>Level of Urgency</b>	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
<b>Change Reasons</b>	<input checked="" type="checkbox"/> Increase customers satisfaction	<input type="checkbox"/> Increase revenues	
	<input type="checkbox"/> Safety/Security Procedure	<input checked="" type="checkbox"/> Instructions from Higher Authorities	
	<input checked="" type="checkbox"/> protect RTA's credibility	<input checked="" type="checkbox"/> Project Success/Completion	
<b>Notes / Comments</b>			

Effects of not changing	<ul style="list-style-type: none"> <li>• .....</li> <li>• .....</li> <li>• .....</li> <li>• .....</li> </ul>	
<b>Change Impact</b>		
Additional Budget Needed	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Amount:
Savings (If any)		
V.O. Execution Period	Start Date:	End Date:
Estimated Timeline Impact		
New Resources Needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Variation Cost (offers if any)		
Impact on risks		
Service Impacted		

<b>Project Manager/ Liaison Engineer</b>		
Name:	Phone Number:	
Signature:  <i>jegham</i>	Date:	

<b>Department Director Recommendation</b>	
<p>-----</p> <p><i>Recommended</i></p> <p>-----</p> <p>-----</p>	
Name/Signature: 	Date: <i>05/04/2020</i>

**Sector/Agency CEO Recommendation**

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Name/Signature:

Date:

**Finance Department Recommendation ( Budget Section )**

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Name/Signature:

Date:

**Variation Orders Team Recommendation**

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Name/Signature:

Date: