

# IT PROJECT REQUEST FORM SAMPLE

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PROJECT TITLE			
SUBMITTED BY		SUBMITTED TO	
PHONE/EMAIL		RECEIVER PHONE/EMAIL	
DATE SUBMITTED		PROJECTED START DATE	

Provide the name, title, phone number, and email address of each stakeholder below.

**PROJECT SPONSOR** They commission the delivery of and champion the project, provide vision and direction, and accept responsibility.

**FUNDING SPONSOR** This person/department obtains the required budget.

**PROJECT OWNER** They confirm the need for the project, validate its objectives, and provide its specs, monitoring, and overall delivery.

**PROPOSAL FACILITATOR** This person helps prepare the proposal.

## ADDITIONAL STAKEHOLDERS

STAKEHOLDER NAME	STAKEHOLDER ROLE

## PROJECT NAME AND DESCRIPTION

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**PURPOSE/GOALS**

**ASSUMPTIONS**

**MEASUREMENTS OF SUCCESS**

**RISK FACTORS**

**APPROACH**

**SCOPE OF WORK**

**FUNCTIONS/PROCESSES IMPACTED BY PROJECT**

IN SCOPE

OUT OF SCOPE

UNCERTAIN

**INTERDEPENDENCIES WITH / CONSOLIDATION WITH / REPLACEMENT OF OTHER SERVICES, PROJECTS, AND SYSTEMS**

IN SCOPE

OUT OF SCOPE

UNCERTAIN

TIMELINE/MILESTONES

OVERVIEW

MILESTONE	DEADLINE

PROJECT COST AND RESOURCE ESTIMATE

OVERVIEW

NEEDS/INVESTMENT	COST
ESTIMATE TOTAL	

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