**SERVICE REQUEST FORM**

**ORDER CHANGE**

**CUAGNICT2015**

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| **CUAGNICT2015 – SERVICE REQUEST FORM** | | |
| **PART A** | | |
| This Service Request Form initiates and records the order change for the specified order in accordance with Clause 5 of the Service Category Terms. | | |
| 1. **ORDER INFORMATION** | | |
| **Order Title** | |  |
| **Order Number** | |  |
| **Service Request Form Number** *Include a number or method of identifying the number of order changes* | |  |
| **Service Request Date** | |  |
| **Order Change Effective Date** *The order end date will remain as per the original order* | |  |
| 1. **AGENCY INFORMATION** | | |
| **Customer Agency** | |  |
| **Customers Authorised Representative** | | **Name:**  **Title:**  **Telephone:**  **E-mail:** |
| **Contract Manager** | | **Name:**  **Title:**  **Telephone:**  **E-mail:** |
| 1. **REQUESTED ORDER CHANGE** | | |
| **CURRENT ORDER SPECIFICATIONS** | | |
| **Current Service Requirement** *Outline the current services that will need to be amended here* | | Service catalogue Item information |
| **Current Service Location** *If the order change is for a new site state as noy applicable* | |  |
| **Current Service Quantity** | |  |
| **AMENDED ORDER SPECIFICATIONS** | | |
| **Amended Service Requirement** | |  |
| **Location Change** | |  |
| **Service Quantity Change** | |  |
| **PART B - ACCEPTANCE OF ORDER CHANGE** | | |
| **CUSTOMER** *Please sign below to execute the order change* | | |
| Accountable Authority:  Position/Title:  Signature:  Date: | / / | |
| **CONTRACTOR** | | |
| Contractor:  Contractor Delegate:  Position:  Contractor ACN:  Signature:  **Date:** | / / | |
| **Contractor Quote** | | |