**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** |