

New Jersey Change Request

Requester's Name:	LDC/TPS Name:	Phone #:
Date of Request:	Affected EDI Transaction Set #(s):	E-Mail Address:
Requested Implementation Date:		Status:

Brief Explanation (This will be copied into the description in the Change Control Summary Spreadsheet):

Detail Explanation (Exactly what change is required? To which Implementation Guides? Why?):

Cost Justification

Benefits	<i>Should be completed by initiating party. Will be added to by others during evaluation of Change Control</i>
Implementation Cost	<i>Will be completed (high level estimate only) if it is agreed Change Control is worth pursuing</i>
Incremental Ongoing Costs	<i>Will be completed (high level estimate only) if it is agreed Change Control is worth pursuing</i>

For Change Control Manager Use Only:

Date of NJ Discussion:	Expected Implementation Date:	
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NJ Discussion and Resolution:

Please submit this form via e-mail to the New Jersey List Server as njbpu@ls.eei.org.

Your request will be evaluated and prioritized at an upcoming New Jersey meeting or conference call.