New Jersey EDI Change Request

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| **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**

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

**For Change Control Manager Use Only:**

|  |  |  |
| --- | --- | --- |
| Date of NJ Discussion: | Expected Implementation Date:  |  |

**NJ Discussion and Resolution**:

***Please submit this form via e-mail to the BPU Staff at***

***Jacqueline.Galka@bpu.nj.gov******.***

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