|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PSP 4 – Compensation Event | | | | | | | | |
| **Project Data** | | | | | | | | |
| Title |  | | | | | | | |
| Project Manager |  | | | | | | | |
| Client |  | | | Compensation Event Number | **CAR-XXX-YYY** | | | |
| Council Reference |  | | | | | | | |
| Item | Change Requested by: | | | Change Request Issued To: | | | | |
| Name |  | | |  | | | | |
| Position |  | | |  | | | | |
| Address |  | | |  | | | | |
| Telephone Number |  | | |  | | | | |
| Mobile Number |  | | |  | | | | |
| Email |  | | |  | | | | |
| **Details of Change of Request** | | | | | | | | |
| Date of Issue | Click or tap to enter a date. | | | Relating to EEWN: | | | |  |
| Date of Receipt | Click or tap to enter a date. | | |  | | | | |
| Method of Issue | Email | Post | | | | Hand Delivered | | |
| Compensation Event Title |  | | | | | | | |
| Reason |  | | | | | | | |
| Description |  | | | | | | | |
| **Implications of Change** | | | | | | | | |
| Fee |  | | | | | | | |
| Resources |  | | | | | | | |
| Quality |  | | | | | | | |
| Programme |  | | | | | | | |
| Interfaces |  | | | | | | | |
| **Project Manager** |  | | | Name: | | | Mark Saunders | |
| Expected Date of Response | Click or tap to enter a date. | | |  | | | | |
| **Client Authorisation** | | | | | | | | |
| Statement | You are authorised | | You are not authorised | | | | To proceed with the above change | |
| As indicated in your ‘implications of Change’ | | Subject to the  following | | | | (Client to add details as necessary) | |
| **Signature** |  | | | Name | | |  | |
| Date Submitted | Click or tap to enter a date. | | |  | | | | |