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| CHANGE ORDER REQUEST (COR) for {insert SOW NAME} | | |
| Date Requested: {mm/dd/yyyy} | Requested by: {Requesting name} | COR Number: {xxx} |
| This COR identifies a requested change to the SOW as described below | | |
| 1. Statement of Objective  2. Description of Expected Service Change  3. Expected Effect on Existing Services  4. Requested Delivery Schedule  5. Expected Effect on Price | | |
|  | | |
| |  | | --- | | Agreed to: | | By (Authorized Signature): | | Name (type or print): | | Title: | | Date: | | Purchase Order Reference Number (if applicable): | | COR Requested Start Date: | | COR Requested End Date: |   After signing, please return a copy of this COR to: ISM, 200 - 1 Research Drive, Regina, SK S4S 7H1. | | |