|  |
| --- |
| 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 Objective2. Description of Expected Service Change3. Expected Effect on Existing Services4. Requested Delivery Schedule5. Expected Effect on Price |
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| --- |
| 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. |