## SIMPLE IT PROJECT REQUEST FORM

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PROJECT NAME			
JOB LOCATION			
EST. START DATE		EST. FINISH DATE	
PROJECT LEADER		COMPANY	
CONTACT NAME			
PHONE		ADDRESS	
EMAIL			
SUMMARY			
DESIRED OUTCOME			
ACTION TO COMPLETION			
BENEFITS OF PROJECT			
PROJECTED SCHEDULE			
PROJECTED BUDGET			
PROJECTED TEAM AND RESOURCE REQUIREMENTS			
PROPOSAL MAY BE WITHDRAWN IF NOT ACCEPTED BY DATE OF			
ACCEPTANCE OF PROPOSAL			
AUTHORIZED CLIENT SIGNATURE		DATE OF ACCEPTANCE	

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