

## C:\pjp\Site\Products\abbtCHGTPL002 Change Register Template.xls

IMPACT. But direct and deep August	Impact	Impact	Facalation	DeskTop Sup	port' Details	s required	Completed Date	by Programme Mana	gement Office Work	Completed by		1 1	0	R	Programme Manag	gement Office Date Change
IMPACT - Products and/or Areas Impacted, general comments	Assess. Number	Assessed Cost	Escalation Code	PC Tag No.	Ext No.	Location	Approved Rejected		Request Number	Work Status	Actual Change (Outcome)	Actual Cost	Ongoing Costs	Frequency	Received	Completed
								Name of individual or approving body.								of payment of
								approving body.							rental or H	1P.
If dec aprop				One off, or first installment figure.					nount payable ental or HP.	each period						