



Problem Statement & Enhancement Request Form

Enhancement/Request(shorttitle):

Date:

Requester's Name:

Senior Business Officer's Signature (approved by): _____

Estimate Number of Users Affected (if known):

Enhancement/Request Description (short summary): *attach separate sheet if needed

Enhancement/Request Benefits (list the benefits gained by implementing this enhancement/request): *attach separate sheet if needed

Risk Analysis (list the business risks of not proceeding with this enhancement/request):
*attach separate sheet if needed

To be completed by DoF:

Tracking ID:

Preliminary effort est:

System Admin approval:

Send this form to:

Financial Systems
Office of the Comptroller
Franklin Bldg #319/6284