

# PROJECT INTAKE FORM

Project Name: \_\_\_\_\_ Project ID: \_\_\_\_\_

## Requester Information:

Full Name: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

## Project Description:

## Business Justification:

## Project Scope:

## Key Deliverables:

Estimated Budget: \_\_\_\_\_ USD

Requested Start Date: \_\_\_\_\_ Requested End Date: \_\_\_\_\_

By signing below, the undersigned acknowledge that the information provided above is accurate to the best of their knowledge, and the project has been reviewed and approved for initiation in accordance with organizational policies and procedures. This form serves as an official document for project intake and initiation.

**REQUESTER SIGNATURE**

**PROJECT MANAGER SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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