

Enquiries: Ms Tshavhu Mukhodobwane
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	SITA Research and Development Request for Service Form	Request Number: <div style="border: 2px solid black; width: 150px; height: 40px; margin: 5px auto;"></div>
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Originator Name:	Services Requested:
Originator Signature:	Originator Designation:
Contact Number:	Date:

DESCRIPTION OF SERVICE REQUIRED

<input type="checkbox"/> Proof of concept and report (e.g. solution testing, product testing etc)	Priority: High Medium Low
<input type="checkbox"/> Pilot and report (e.g. solution piloting, product piloting etc)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Research report (e.g. field, desktop etc)	
<input type="checkbox"/> Other: _____	

RECOMMENDATION BY LINE OF BUSINESS HOD, GM or EXECUTIVE MANAGER

Reccomendation _____ _____ _____ _____	
Name: _____	
Designation: _____	
Signature: _____	Date: _____

REQUEST EVALUATION (R&D use only)

RFS Proposal:

Assignee: _____

RFS Accepted/Feasible? (Y/N): _____

Schedule: (due date) _____

Effort: (man hrs) _____

Feasibility Investigations: _____

Impact Analysis: _____

Code/Data Changes: _____

DESCRIPTION OF SERVICE RENDERED (R&D use only)

Date Completed: _____

PRE-TESTING USER ACCEPTANCE (R&D use only)

Researcher Name: _____ Signature: _____

Test Scenario Provided: (Y/N): _____ Test Results Acceptable: (Y/N): _____

Test data/results attached: (Y/N): _____ Testing Date: _____

Comments: _____

PRESENTATION OF TESTING/ RESEARCH RESULTS

Research outcome and recommendations: (Approved / Not Approved) _____

Name: _____ Signature: _____

Research data/results and or detailed report attached/: (Y/N) _____

Date: _____

Comments: _____
