



AX REPORT REQUEST FORM

General Information

Please complete all information below. When submitting the document, include a mock up of the desired report or a copy of a similar report from another system, where applicable.

Name of Requester: _____

Department of Requester: _____

Date of Request: _____

New Report Enhancement If Enhancement, Title of Current Report: _____

Business Purpose of New or Enhanced Report:

Please Describe the Composition of the New Report or Enhancement

Date parameters required (check all that apply):

| |
|--|
| <input type="checkbox"/> From Month - To Month |
| <input type="checkbox"/> From Year - To Year |
| <input type="checkbox"/> Current Month |
| <input type="checkbox"/> Year To Date |
| <input type="checkbox"/> Other _____ |

Data presented in rows:

Data presented in columns:

Sorted by, if applicable:

Additional report parameters not included above:

CU Medicine Finance Only

Date Approved: _____

Date sent to Helpdesk: _____

Helpdesk Ticket Number: _____