

Information Technology

Argos Report Request Form

Requestor:	Date:
	Ext:
□ Departmental Report □ Shared Use Report	
Modifying Existing Report Yes No If yes, name of report:	_
Requested Completion Date:	
Purpose of Report or Modification:	
Detailed Description / Specifications:	
Requestor:	Date:
Supervisor:	Date:
VP:	Date:
*** Obtain signatures below according to the shared use or departme	ental report procedure ***
Received by Process Team Lead:	Date:
Received by Data Standards:	Date:
Received by Information Technology:	Date: