



MACVIP REPORT REQUEST

REQUESTER NAME _____	REQUEST DATE _____
DEPT. & EXT. _____	DATE REQUIRED _____
POSITION _____	REPORT USER (S)? _____

REQUIREMENT

REPORT TITLE	
REPLACE PPS REPORT?	<input type="checkbox"/> NO <input type="checkbox"/> YES NAME OF PPS REPORT
MODIFY MACVIP REPORT?	<input type="checkbox"/> NO <input type="checkbox"/> YES NAME OF MACVIP REPORT
DESCRIPTION & PURPOSE	
REPORT ATTRIBUTES	
DESCRIPTION OF ATTRIBUTES	
SELECTION CRITERIA	
SORT CRITERIA	
GROUP / SUBTOTAL(S)	
FREQUENCY	
SAMPLE / MOCK UP ATTACHED?	<input type="checkbox"/> NO <input type="checkbox"/> YES