

ABOUT YOU	
NAME:	TITLE:
COMPANY NAME:	
MAILING ADDRESS: (Street, City, Province, Country, Postal Code)	PHONE: FAX:
TYPE OF PROPOSAL:	
<input type="checkbox"/> GOOD <input type="checkbox"/> SERVICE <input type="checkbox"/> PROCESS	
BRIEF DESCRIPTION OF PROPOSAL:	
Are you aware if this Good, Service or Process is being used in any existing facilities? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please indicate where this Good, Service or Process is currently being used:	
AREA OF IMPACT TO SASKPOWER	
<input type="checkbox"/> Distribution <input type="checkbox"/> Finance <input type="checkbox"/> HR <input type="checkbox"/> Information and Technology <input type="checkbox"/> Power Production <input type="checkbox"/> Transmission <input type="checkbox"/> Other: _____	
PROJECT DESCRIPTION	
TELL US MORE ABOUT YOUR PROJECT: (Attach a separate sheet and/or additional information if necessary)	
1)      Proposal Overview	
2)      Business Value to SaskPower	

\_\_\_\_\_  
**Date:**

**Submitted and Acknowledged By:**

\_\_\_\_\_  
**Name:**

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

Please send completed and signed (scanned) document to [srm@saskpower.com](mailto:srm@saskpower.com)