Cloud Cost Estimate Approval Request Form

| Requester Name |
|-----------------------------------|
| |
| Department |
| |
| Project Name |
| |
| Cloud Service(s) Requested |
| |
| Estimated Monthly Cost (USD) |
| |
| Estimated Usage Duration (months) |
| |
| Business Justification / Purpose |
| |
| |
| Additional Notes |
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| |
| Approver |
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