

Great Idea Form

Requirement Summary

GIF:	CSPO-GIF-1009	Status:	Pending CBP Change Control Board (CCB) Review	Submit Date:	September 2, 2009
Title:	MMM-FR05.17 Carriers request ability to pay penalty/liquidated damages on a periodic statement.				

Origination

Requirement Initiator:	Tim Perry, Multi-Modal Manifest Committee- Co-Chair
Initiator Email:	Timothy_Perry@apl.com
Initiator Phone:	202-496-2482
Sponsor:	Jim Byram

Source:

Source:
Trade Request

Business Sponsor

Business Office:	Office of Information and Technology
Executive Director for the Business Office:	Lou Samenfink

CSPO Planning

Change to CSPO System?	
Change Planned?	Where/When Planned?
Assign to System: ACE	Assign to Release/Delivery: M1, M2.1, M2.2, M2.3

Requirements Description

Business Area:	ACE Carriers
Request Type:	Business Need
Impacts Trade?	Yes
Description of Change:	The Carriers require that all monies owed for penalty/liquidated damages cases may be presented on a periodic statement. The carriers could then make payment for ALL or PART of this statement with one check or utilizing an electronic payment capability such as ACH. (This requirement will be optional, based on the Carrier's indication to elect this form of payment.)
Benefit of Change:	Save time and money by automating this manual process
Impact Assessment:	Unknown at time of entry in tool.

System/Subsystem

System:	ACE	Cargo Business Area:	CCR
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Implementation Requirements

Needed By Date:		Change Urgency:	
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Level of Effort:		Cost Estimate:	
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Sponsor Recommendation

Sponsor Recommendation:	
Sponsor Comments:	

Board Disposition

Date:	Disposition:	Comments:

Next Steps:

Next Steps:

Reasons for

Return/Deferral/Withdrawn/Rejection/Forward to PO

Reason for Return:	
Reason for Deferral:	
Reason for Withdrawal:	
Reason for Rejection:	
Reason for Forward to PO:	

Secretary Comments:

Comments:

Related Items:

CR#:	CR Name:

PTR#:	PTR Name:

Attachments

Attachments:	
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Action Descriptions

Document History

Action History

Date:	User Name:	Note:

Update History

Date:	User Name:	Note:
