UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION, INC.
NOTICE OF AMENDMENT/EXTENSION TO PERSONAL SERVICES CONTRACT

Name and Address of Individual or Firm: Date: _____

_____

_____

_____

Dept. Name _____
Dept. Contact _____
Dept. Phone _____

Personal Services Contract No. _____ dated _____, between you and

__University of Louisville Athletic Association, Inc._____ is being amended/extended as follows:
(Agency)

☐ **AMENDMENT:**

_____

_____

_____

☐ **EXTENSION:** If contract is to be extended beyond the original expiration date, please indicate new time period below. Note: Contract cannot be extended beyond the current biennium.

FROM: _____ TO: _____

All other terms and conditions of this contract except as modified above remain the same.
Please signify your acceptance of the above amendment/extension to the contract by affixing your signature in the space provided below.

RECOMMENDED BY:

_____
"Signature confirms that funds are available to cover the cost of these services"

_____
Printed Name **Date**

ATHLETIC ASSOCIATION:

_____
Athletic Director

_____
Printed Name **Date**

REVIEWED AS TO FORM & LEGALITY:

_____
Attorney, University of Louisville

_____
Printed Name **Date**

SECOND PARTY:

_____
Signature & Title

_____
Printed Name **Date**

RECOMMENDED BY:

_____
Purchasing Officer or Authorized Representative

_____
Printed Name **Date**

Updated 4/14/09