

**UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, 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 Research Foundation, 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:

Chair/Department Head
"Signature confirms that funds are available to cover the cost of these services"

Printed Name _____ Date _____

Signature of P.I.
(for verification purposes)

Printed Name _____ Date _____

Director, Office of Grants Management or
Director, Office of Industry Contracts

Printed Name _____ Date _____

RECOMMENDED BY:

Purchasing Officer or Authorized Representative

Printed Name _____ Date _____

REVIEWED AS TO FORM & LEGALITY:

Attorney, University of Louisville

Printed Name _____ Date _____

FIRST PARTY (Research Foundation):

Vice President for Business Affairs

Printed Name _____ Date _____

SECOND PARTY:

Signature & Title

Printed Name _____ Date _____