UNIVERSITY OF LOUISVILLE STATE
NOTICE OF AMENDMENT/EXTENSION TO PERSONAL SERVICES CONTRACT

Name and Address of Individual or Firm: (2) Date: _____

(1) _____

_____

_____

Personal Services Contract No. (3)_____ dated (4)_____, between you and

(5) _____ is being amended/extended as follows:
(Agency)

(6) ☐ **AMENDMENT:**

_____

_____

_____

(7) ☐ **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: _____

(8)

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

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.

(10) **RECOMMENDED BY:**

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

_____
Printed Name **Date**

REVIEWED AS TO FORM & LEGALITY:

_____
Attorney, University of Louisville

_____
Printed Name **Date**

FIRST PARTY (University of Louisville):

_____
Vice President for Business Affairs

_____
Printed Name **Date**

(9) **SECOND PARTY:**

_____
Signature & Title

_____
Printed Name **Date**

RECOMMENDED BY:

_____
Purchasing Officer or Authorized Representative

_____
Printed Name **Date**

Updated 8/23/04