



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

Name and Address of Individual or Firm:

Date	_____
Department Name	_____
Department Contact	_____
Department Phone	_____
Contact Email	_____

Personal Services Contract # _____ dated _____, between you and University of Louisville Athletic Association, Inc. is being amended/extended as follows:

AMENDMENT:

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

FROM: _____ TO: _____

All other terms and conditions of this contract except as modified herein 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.

Chair / Dept. Head Signature

Print Name

Date

**UNIVERSITY OF LOUISVILLE
ATHLETIC ASSOCIATION:**

Athletic Director Signature

Print Name

Date

REVIEWED AS TO FORM AND LEGALITY:

Attorney, University of Louisville

Print Name

Date

RECOMMENDED BY:

Director, Procurement Services or Authorized Representative

Date

SECOND PARTY:

Authorized Representative Signature

Print Name

Title

Email

Date