



**UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, 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 Research Foundation, 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

\_\_\_\_\_  
**Principal Investigator Signature**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Executive Vice President for Research and Innovation or Designee**

\_\_\_\_\_  
Date

**REVIEWED AS TO FORM AND LEGALITY:**

\_\_\_\_\_  
**Attorney, University of Louisville Signature**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**UNIVERSITY OF LOUISVILLE  
FIRST PARTY:**

\_\_\_\_\_  
**Chief Financial Officer or Designee Signature**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**SECOND PARTY:**

\_\_\_\_\_  
**Authorized Representative Signature**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**RECOMMENDED BY:**

\_\_\_\_\_  
**Director, Procurement Services or Authorized Representative Signature**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date