



STATE

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

UNIVERSITY OF LOUISVILLE  
FIRST PARTY:

\_\_\_\_\_  
Chief Financial Officer or Designee 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