

**UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION, 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 Athletic Association, 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.

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:**

\_\_\_\_\_  
"Signature confirms that funds are available to cover the cost of these services"

\_\_\_\_\_  
**Printed Name** **Date**

**ATHLETIC ASSOCIATION:**

\_\_\_\_\_  
**Athletic Director**

\_\_\_\_\_  
**Printed Name** **Date**

**REVIEWED AS TO FORM & LEGALITY:**

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

\_\_\_\_\_  
**Printed Name** **Date**

**SECOND PARTY:**

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Printed Name** **Email Address**

**RECOMMENDED BY:**

\_\_\_\_\_  
**Purchasing Officer or Authorized Representative**

\_\_\_\_\_  
**Printed Name** **Date**