UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, 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 Research Foundation, 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:

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

_____
Printed Name **Date**

_____
Signature of Principal Investigator (for verification purposes)

_____
Printed Name **Date**

_____
Executive Vice President for Research and Innovation Designee

_____
Printed Name **Date**

RECOMMENDED BY:

_____
Purchasing Officer or Authorized Representative

_____
Printed Name **Date**

REVIEWED AS TO FORM & LEGALITY:

_____
Attorney, University of Louisville

_____
Printed Name **Date**

FIRST PARTY (Research Foundation, Inc.):

_____
Chief Financial Officer or Designee

_____
Printed Name **Date**

SECOND PARTY:

_____
Signature **Date**

_____
Printed Name **Email Address**

8/8/18