

**UNIVERSITY OF LOUISVILLE STATE
NOTICE OF AMENDMENT/EXTENSION TO PERSONAL SERVICES CONTRACT**

Name and Address of Individual or Firm:

(2) Date: _____

(1) _____

Personal Services Contract No. (3) _____ dated (4) _____, between you and

(5) University of Louisville is being amended/extended as follows:
(Agency)

(6) **AMENDMENT:**

(7) **EXTENSION:** If contract is to be extended beyond the original expiration date, please indicate new time period below. Note: Contract cannot be extended beyond the current biennium.

FROM: _____ TO: _____

(8)

Dept. Name _____
Dept. Contact _____
Dept. Phone _____

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.

(10) **RECOMMENDED BY:**

FIRST PARTY (University of Louisville):

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

Chief Financial Officer or Designee

Printed Name **Date**

Printed Name **Date**

REVIEWED AS TO FORM & LEGALITY:

(9) **SECOND PARTY:**

Attorney, University of Louisville

Signature **Date**

Printed Name **Date**

Printed Name **Email Address**

RECOMMENDED BY:

Purchasing Officer or Authorized Representative

Printed Name **Date**