

# CONTRACT AMENDMENT FORM

**CONTRACT #** \_\_\_\_\_

Contract Administrator Name:	Department	Date received by Purchasing
Contract Administrator's Address	Phone #	Date

<p><b>CONTRACTOR'S NAME &amp; ADDRESS</b>      <input type="checkbox"/> Address Change only</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>REQUIRED ATTACHMENT:</b></p> <p><input type="checkbox"/> Amending Agreement (Schedule D) PLUS (as required):</p> <p><input type="checkbox"/> Schedule A</p> <p><input type="checkbox"/> Schedule B</p> <p><input type="checkbox"/> Schedule C</p>
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**COMPLETE QUESTIONS PERTINANT TO THE CHANGES BEING REQUESTED:**

Extend the end date of the contract. The contract is being extended because \_\_\_\_\_

\_\_\_\_\_

Change the services to those indicated **on the attached Schedule A** because \_\_\_\_\_

\_\_\_\_\_

Increase the maximum dollar amount or change the payment schedule as indicated **on the attached Schedule B** because \_\_\_\_\_

\_\_\_\_\_

Addition of expense Schedule C or change the expenses as indicated **on the attached Schedule C** because \_\_\_\_\_

\_\_\_\_\_

**ORGANIZATIONAL UNIT'S APPROVALS:**  
*I certify that sufficient monies have been allocated from my unit budget/grant to honour the University of Manitoba's financial obligations under this agreement.*

\$ _____ Schedule B (original + amendment)	F O A P	_____ Signature of Signing Authority (required)
\$ _____ Schedule C (original + amendment)	F O A P	_____ Signature of Signing Authority (required)

**Original** effective date of contract \_\_\_\_\_ **New end date** of contract \_\_\_\_\_

**I agree with the Organizational Unit's recommendations (as listed above) and acknowledge the financial obligations of the faculty/school/administrative unit.**

_____ Signature of Department Head (optional)	_____ Signature of Dean/Director (required)
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\*Any consultations or recommendations the Organizational Unit has had may be presented below. (optional )

**Department Consultations:**

Was anyone else within the University consulted re the contents of this agreement and what were their comments?

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**\*\*AREAS BELOW FOR ADMINISTRATION USE ONLY\*\***

**LEGAL COUNSEL**

Proforma – Approved Changes

Negotiated/Drafted Agreement

Additional Comments: \_\_\_\_\_

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Legal Counsel Signature \_\_\_\_\_ Date \_\_\_\_\_

**POLICY 609**

Certified as to compliance

Not Applicable

Authorized Signature \_\_\_\_\_

**BUDGET & GRANTS** - Authorization of expenditure (where insufficient funds are indicated by Aurora Finance system)

Authorized Signature: \_\_\_\_\_

**HUMAN RESOURCES**

Employment

Independent Contractor

Reasons: \_\_\_\_\_

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Authorized Signature: \_\_\_\_\_

**PURCHASING SERVICES:**

Quotes/Tenders required

Yes

No

Date Quotes/Tenders requested \_\_\_\_\_

Recommendations/Comments: \_\_\_\_\_

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Authorized Signature \_\_\_\_\_