

CONTRACT AMENDMENT FORM

CONTRACT # _____

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

<p>CONTRACTOR'S NAME & ADDRESS <input type="checkbox"/> Address Change only</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>REQUIRED ATTACHMENT:</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?

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

LEGAL COUNSEL

Proforma – Approved Changes Negotiated/Drafted Agreement

Additional Comments: _____

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: _____

Authorized Signature: _____

PURCHASING SERVICES:

Quotes/Tenders required Yes No Date Quotes/Tenders requested _____

Recommendations/Comments: _____

Authorized Signature _____