

AMENDMENT FORM

INDEX NUMBER:

CONTRACT NUMBER:

Dear State Purchasing Contracts Manager:

hereby requests the above referenced contract be amended as follows;

Type of amendment being requested:

- Update the Contractor of Record Information (provide details with this amendment form)
- Update products, pricing and/or payment terms (detailed justification for price increases and specifications included with this amendment form)
- Agreement to mutually extend an existing contract at the same prices, terms and conditions effective: _____ through _____.
- Other: Terminate contract at request of vendor. Vendor is unable to fulfill the obligations of the contract.

Acknowledgment

Signature indicates acknowledgement that the State of Ohio Terms and Conditions (Including Special Terms and Conditions where applicable) originally agreed to under this Contract shall remain in effect until the termination or expiration of this Contract.

(SIGNATURE – QNA/CRP)

DATE

(SIGNATURE – ORDERING OFFICE)

DATE

(PRINTED NAME)

(PRINTED NAME)

(TITLE)

(TITLE)

ATTACH PROPER DOCUMENTATION