

**AMENDMENT TO CONTRACT BETWEEN STATE OF LOUISIANA  
DELGADO COMMUNITY COLLEGE (AGENCY)**

Department:

Amendment Number:

**AND**

Contractor's Name:

Contractor's Address/Zip Code/Telephone/State Vendor #:

Contract Number:

Effective Date:

Previous Contract Amount:

Revised Contract Amount:

Change Contract From:

Change Contract To:

Justification for Amendment:

This amendment contains or has attached hereto all revised terms and conditions agreed upon by contracting parties.

**IN WITNESS THEREOF**, this amendment is signed and entered into when the College's final internal and external approvals have been received.

Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Contractor's Name: \_\_\_\_\_ Contractor's Title: \_\_\_\_\_

**Delgado Community College**

Dept. Head/Supervisor(s)' Initials: \_\_\_\_\_/\_\_\_\_\_

Responsible Party for Contract Signature/Title: \_\_\_\_\_

**\*\*STATE AGENCY SIGNATURE(S):**

By: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_  
Vice Chancellor for Business & Admin. Affairs Chancellor (Required for contracts of \$5,000 or more)