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: _____

External Approval Required? $20,000 and above -YES _____ $19,999 and below -NO _____

**STATE AGENCY SIGNATURE(S):

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