



# STATE OF ARKANSAS

## AMENDMENT TO SERVICES CONTRACT

**Contract #:** \_\_\_\_\_

**Amendment #:** \_\_\_\_\_

**1. Contracting Parties:**

<b>Department No. &amp; Name</b>			
<b>Division</b>			
<b>Contractor Name</b>			
<b>Service Type</b>			
<b>Tracking # 1</b>		<b>Tracking #2</b>	

Except as expressly amended by this Amendment, all of the terms, conditions, covenants, representations, and warranties in the above referenced Contract are hereby ratified and confirmed in every respect and shall remain unmodified and unchanged and shall continue in full force and effect as provided therein as amended hereby.

**2. New Contract Expiration Date, if Applicable:** \_\_\_\_\_

Please leave blank if not extending contract to new date.

**3. Purpose of Amendment:**

Provide amendment details below.

**4. Amended Dollar Amount:**

For each amendment involving a change in the contract dollar amount, enter the previous contract amounts. Enter this amendment's amounts, showing (+) for increase and (-) for decrease. Enter the new total for each row. Note: Services apply to both professional and technical services. Reimbursable expenses are specific to professional services and commodities are specific to technical services.

	Previous	This Amendment	New Total
<b>Services</b>			
<b>Reimbursable Expenses</b>			
<b>Commodities</b>			
<b>TOTAL</b>			

**Total dollar amount paid on contract as of this date:** \_\_\_\_\_ as of \_\_\_\_\_

**Updated total projected cost** \_\_\_\_\_



**STATE OF ARKANSAS**  
**AMENDMENT TO SERVICES CONTRACT**

Contract #: \_\_\_\_\_

Amendment #: \_\_\_\_\_

**7. Department Contacts for Question(s) Regarding This Contract:**

**Contact #1** – Department Representative submitting/tracking this contract

\_\_\_\_\_  
**Name** **Title**

\_\_\_\_\_  
**Telephone #** **Email**

**Contact #2** – Department Representative with knowledge of this project (for general questions and responses)

\_\_\_\_\_  
**Name** **Title**

\_\_\_\_\_  
**Telephone #** **Email**

**Contact #3** – Department Representative Director or Critical Contact (for time sensitive questions and

\_\_\_\_\_  
**Name** **Title**

\_\_\_\_\_  
**Telephone #** **Email**

**8. Signatures:**

\_\_\_\_\_  
**Contractor Authorized Signature** **Date** **Department Authorized Signature** **Date**

\_\_\_\_\_  
**Title** **Title**

\_\_\_\_\_  
**Address** **Address**