

Office of Contractual Review # _____
CFMS # _____
Amendment # _____

Amendment to Agreement between State of Louisiana

(Department Name)

(Agency)

AND

(Contractor's Name)

(contractor's address, zip code, telephone number and vendor number)

Amendment Provisions

Change Agreement from:

ADD OR CHANGE TO: (if increase indicate reason)

Amendment becomes effective: _____

(Justification for amendment increase or extention)

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 on the date indicated below:

(Contractor's Signature) (Date)

Contractor's Name: _____
Contractor's Title: _____

(Agency Signature) (Date)