

**AMENDMENT TO CONTRACT BETWEEN STATE OF LOUISIANA**

Department /Agency Name

**Amendment  
Number**

**AND**

Contractor's Name:

Contractor's address, zip code, telephone number and vendor number

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Contract Number

Effective date:

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**Previous contract  
amount:**

**Revised contract  
amount:**

**Change Contract From:**

**Change Contract To:**

**Justification for amendment**

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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 (Print)

Contractor's Title (Print)

STATE OF LOUISIANA (Department /Agency ) SIGNATURE

DATE

Agency's Name (Print)

Agency's Title (Print)