



AMENDMENT

DATE: **Enter todays Date**

ADVANTAGE CONTRACT #:

DEPARTMENT AGREEMENT #: **Enter internal agreement number or brief description of service if applicable. If not applicable, enter NA**

AMENDMENT AMOUNT: \$

This Amendment, is between the following Department of the State of Maine and Provider:

State of Maine DEPARTMENT

DEPARTMENT:

Address:

City: State: Zip Code:

PROVIDER

PROVIDER:

Address:

City: State: Zip Code:

Provider's Vendor Customer #:

Each signatory below represents that the person has the requisite authority to enter into this Contract Amendment. The parties sign and cause this Contract Amendment to be executed.

Department of

Provider

Signature **Name and Title** **Date**

Signature **Name and Title** **Date**

AMENDMENT

The contract is hereby amended as follows: (Check and complete all that apply)

<input type="checkbox"/>	Amended Period:	Original Start Date: _____ Current End Date: _____ Amendment Start Date: _____ New End Date: _____ Reason: _____
<input type="checkbox"/>	Amended Contract Amount:	Amount of Adjustment: \$ _____ New Contract Amount: \$ _____ Reason: _____
<input type="checkbox"/>	Amended Scope of Work:	The Scope of work in Rider A is amended as follows: _____
<input type="checkbox"/>	Other:	Describe the Changes: _____

All other terms and conditions of the original contract and subsequent contract amendments remain in full force and effect.

CODING

LINE TOTAL	FUND	DEPT	UNIT	SUB UNIT	OBJ	PROGRAM	PROGRAM PERIOD	BOND FUNDING	FISCAL YEAR
\$									

LINE TOTAL	FUND	DEPT	UNIT	SUB UNIT	OBJ	PROGRAM	PROGRAM PERIOD	BOND FUNDING	FISCAL YEAR
\$									

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