



CONTRACT AMENDMENT

DATE: Click or tap to enter a date.	AMENDMENT AMOUNT: \$
ADVANTAGE CONTRACT #:	
DEPARTMENT AGREEMENT #:	

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

STATE OF MAINE DEPARTMENT		
DEPARTMENT NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:

PROVIDER		
PROVIDER NAME:		
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. The parties sign and cause this Contract Amendment to be executed.

Department Representative:

Provider Representative:

_____	_____	_____	_____
BY: Signature	Name and Title	Date	BY: Signature
			Name and Title
			Date

Upon final approval by the Division of Procurement Services, a case details page will be made part of this contract.

STATE OF MAINE | CONTRACT AMENDMENT

AMENDMENT

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

<input type="checkbox"/>	Amended Period	Original Start Date: Click or tap to enter a date.	Amendment Start Date:
		Current End Date: Click or tap to enter a date.	New End Date: Click or tap to enter a date.
		Reason:	
<input type="checkbox"/>	Amended Contract Amount	Adjustment Amount: \$	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	APPR FUNDING	FISCAL YEAR
\$									

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

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

(Departments - Attach separate sheet as needed for additional coding.)