

DATE: Click or tap to enter a date.		AMENDMENT A	AMOUNT: \$
ADVANTAGE CONTRACT #:			
DEPARTMENT AGREEMENT #:			
This Contract Amendment is between the foll	lowing S	State of Maine D	epartment and Provider:
STATE OF	MAINE	DEPARTMENT	
DEPARTMENT NAME:			
ADDRESS:			
CITY:	STATI	E:	ZIP CODE:
	PROVI	DER	
PROVIDER NAME:			
ADDRESS:			
CITY:	STATI	E:	ZIP CODE:
PROVIDER'S VENDOR CUSTOMER #:			
Each signatory below represents that the personal The parties sign and cause this Contract Ame Department Representative:			d.
BY: Signature Name and Title Da	ate .	BY: Signature I	Name and Title Date

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

AMENDMENT

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

	A	Original Start Date: Click or tap to enter a date.	Amendment Start Date:						
	Amended Period	Current End Date: Click or tap to enter a date.	New End Date: Click or tap to enter a date.						
		Reason:							
	Amended	Adjustment Amount: \$	New Contract Amount: \$						
Ш	Contract	Reason:							
	Amount	reason.							
П	Amended	The Scope of Work in Rider A is	amended as follows:						
1	Scope of Work								
	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	FUND	DEPT	UNIT	SUB	OBJ	PROGRAM	PROGRAM	APPR	FISCAL
	TOTAL				UNIT			PERIOD	FUNDING	YEAR
	\$									
L										

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

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

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