



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 **Representative Name and Title** **Date**

\_\_\_\_\_  
Signature **Representative Name and Title** **Date**

**Department of Administrative and Financial Services, Office of Information Technology**

\_\_\_\_\_  
**Frederick Brittain, Chief Information Officer** **Date**

**AMENDMENT**

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

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

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
\$									

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