

STATE OF ARKANSAS AMENDMENT TO SERVICES CONTRACT

Contract #:			Amendment #:
1. Contracting Parties:			
Department No. & Name			
Division			
Contractor Name			
Service Type			
Tracking # 1		Tracking #2	
Except as expressly amende and warranties in the above in the above in the above in the and unchable and unchable by. 2. New Contract Expiration	referenced Contract are he anged and shall continue in	ereby ratified and confirme	d in every respect and shall
Please leave blank if not exte		 e.	
3. Purpose of Amendment:			
Provide amendment details b	pelow.		
4. Amended Dollar Amount	t:		
For each amendment involving Enter this amendment's amo row. Note: Services apply to professional services and con	unts, showing (+) for increations both professional and tech	ase and (-) for decrease. I nical services. Reimbursa	Enter the new total for each
	Previous	This Amendment	New Total
Services			
Reimbursable Expenses			
Commodities			
TOTAL			
Total dollar amount paid of Updated total projected co		9:	as of
opadica iolai projected ci			

Contract #:	Amendment #:
5. Attachment List:	

Except as specifically amended herein (or as attached), all other terms and conditions of the above referenced contract remain unchanged.

6. Source of Funds the Department intends to draw on. This is provided for informational purposes only. It is required under Arkansas Procurement Law and is not a performance obligation of the Department or an unconditional promise to pay from the sources identified.

Fund Source	Identify Source of Funds *	Fund	Fund Center	Amount of Funding	% of Total Contract Cost
					%
					%
					%
					%
			TOTALS		%

Identify whether State general revenue funds (GRF), special revenue funds (SRF) federal funds (FED), or other public funds (Other) are the source. Identify each specific source of SRF, such as special taxes or fees, in the "Identify Source of Funds" column. Similarly, if Other public funds, such as tobacco funds, general improvement funds, etc., are being used to pay the Contractor, these should be specified in the "Identify Source of Funds" column.

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7. Department Contacts for Question(s) Regardi	ing This Contract:			
Contact #1 – Department Representative submitting				
Name	Title			
Telephone #	Email			
Contact #2 – Department Representative with kno	owledge of this project (for general questions and responses)			
Name	Title			
Telephone #	Email			
Contact #3 – Department Representative Director	or Critical Contact (for time sensitive questions and			
Name	Title			
Telephone #	Email			
8. Signatures:				
Contractor Authorized Signature Date	Department Authorized Signature Date			
Title	Title			
Address	Address			