

COMMONWEALTH OF KENTUCKY
Murray State University
NOTICE OF AMENDMENT OF
PERSONAL SERVICE CONTRACT

Name and Address of Individual or Firm

Confirming the verbal agreement made between you and the Commonwealth of Kentucky,

Personal Service				
Contract Number PSC _____				
Amendment No _____				
FOAPAL: _____				
Fund	Org^	Acct	Prog	
_____	_____	_____	_____	
Net Increase _____				
Net Decrease _____				

_____ Agency

Contract No. _____, dated, _____, is being amended as follows:

All other terms and conditions of the contract except as modified above are hereby ratified and confirmed. The period within the current fiscal year in which services are to be performed under this amendment is from _____ to _____.

Please signify your acceptance of the above amendment to Contract No. _____ by affixing your signature in the space provided below.

RECOMMENDED FOR APPROVAL:

FIRST PARTY: MURRAY STATE UNIVERSITY
Name of Agency

Department Head

By: _____
Dr. Robert O. Davies, President

Director for Procurement

Date: _____

SECOND PARTY:

Name

APPROVED:

Signature

Vice President, Finance and Administrative Services

Title

Date

Date