

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

Name and Address of Individual or Firm

Personal Service				
Contract Number PSC _____				
FOAPAL	_____	_____	_____	_____
	Fund	Orgn	Acct	Prog
Encumbrance	_____			
Amount	_____			
Contract Effective	_____			
Date	(Date of delivery to LRC)			
And Expires	_____			

This is to notify you that under the provisions of the Contract, the Commonwealth elects to extend Contract No. _____, dated _____, between you and

Murray State University
Agency

with the same terms and conditions as set forth therein. The period within the current fiscal year in which services are to be performed under this extension is from _____ to _____.

Please signify agreement to such an extension of said contract by affixing the proper signature as indicated hereunder.

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 & Administrative Services

Title

Date

Date