



NEW HAVEN PUBLIC SCHOOLS

AMENDMENT TO AGREEMENT

VENDOR NAME: _____ DATE: _____

AGREEMENT #: _____ AMENDMENT #: _____

*ATTACH COPY OF FULLY EXECUTED AGREEMENT

AGREEMENT TERM:

START DATE: _____ END DATE: _____

_____ DATE UNCHANGED _____ DATE INCREASED _____ DATE DECREASED

(1) ORIGINAL FUNDING SOURCE: _____ ACCT #: _____

(2) ORIGINAL FUNDING SOURCE: _____ ACCT #: _____

ORIGINAL AMOUNT OF AGREEMENT: \$ _____

AMOUNT OF AGREEMENT PRIOR TO THIS AMENDMENT: \$ _____

AMOUNT OF THIS AMENDMENT: \$ _____ _____ ACTUAL OR _____ ESTIMATE

TOTAL AGREEMENT AMOUNT: \$ _____ _____ INCREASE OR _____ DECREASE

FUNDING SOURCE FOR AMENDMENT: _____ ACCT #: _____

FUNDING SOURCE FOR AMENDMENT: _____ ACCT #: _____

DESCRIPTION AND NEED FOR AMENDMENT: _____

ALL OF THE TERMS AND CONDITIONS OF ORIGINAL AGREEMENT REMAIN IN FULL FORCE AND EFFECT

CONTRACTOR'S SIGNATURE: _____ (Name) _____ (Date)

_____ (Title)

NEW HAVEN BOARD OF EDUCATION:

_____ President

_____ (Date)