

**Personal/Professional Services Contract
Data, Selection and Justification Form**

Complete Section Below for Contract **Amendments/Extensions**

Department of Administrative Services - 10700

1. Agency Contract # _____ (same as the VIP "Justification" number unless the division has a special reason for assigning a different contract number for tracking purposes)
2. Contract Type: ___ Single Contract
 ___ Master Contract
3. Approval Code: (Circle one) 1 Delegated Authority 2 Purchasing Approval 3 Exemption
4. Contractor: _____ Phone #: _____ Fax #: _____
Address: _____ City, State, Zip: _____
5. Purpose Code: _____ (See alphabetical or numerical Purpose Code Sheet)
6. Start Date: _____ End Date: _____
7. Contract Amount: \$ _____
8. **Number of This Amendment/Extension:** _____ (1st, 2nd, etc.)
9. Type of Change: ___ Amendment of amount
 ___ Amendment/extension of end date
 ___ Amendment of work/language
10. If Contract DATE EXTENDED: New end date _____
11. If contract AMOUNT AMENDED: New Total contract amount \$ _____
12. **Why is it necessary to amend/extend this contract?** **MANDATORY**