REQUEST FOR AMENDMENT

FOR DCM ONLY (do not write in this area)

Departmental Request No.	Copy to DCM Accounting	DaFIS Document No.

Date	Name of Consultant Firm		
Contact Person		Phone	Email
University's Project Manager/Department Contact		Phone	Email

Campus Department: **DCM**

Type of Agreement to be Amended: **Professional Services Agreement**

Type of Amendment: (select below)

☐ Consultant Rate Change (attach new rates) ☐ Extending Agreement (new end date) _____

☐ Other (specify) _____

DaFIS Account to Charge (recharge cost - $136.00 – NA to DCM)

Chart	Account	Sub Account	DaFIS Project No.	Accounting Contact Name	Accounting Contact Telephone

Existing Agreement Information

Start Date		End Date
Project No.	Project Title	

Comments

Submit by Email