

## 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:

### Type of Agreement to be Amended:

### 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