



Clint Independent School District
MODIFICATION OF CONTRACT FORM



All fields must be completed, if the field does not apply please enter N/A in the field.

Contract Modification Information			
Contract No./ID: _____	Amendment/Modification No.: _____	Effective Date: _____	
Purchase Order No.: _____			
Issued by: <u>Veronica Campbell</u>	Title: <u>Director of Procurement</u>	Signature: _____	Phone: <u>(915) 926-4093</u>
Administered by: _____	Title: _____	Phone: _____	
Vendor/Company Name: _____	DBA: _____	Phone: _____	
Address: _____	City: _____	State: _____	Zip code: _____

This item modifies the Contract/Order No. as described in the Description of Modification below	
Modification of Contract No./ID: _____	Dated: _____
<input type="radio"/> This change order is issued pursuant to TEC Paragraph 44.0411. Change Orders The changes set forth in the Description of Modification below are made in the Contract/Order No. above.	
<input type="radio"/> The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) set forth in the Description of Modification below.	
<input type="radio"/> This supplemental agreement is entered into pursuant to authority of: _____	
<input type="radio"/> Other (Specify type of modification and authority) _____ pursuant to _____	

IMPORTANT: Contractor is is not required to sign this document and return to the Clint ISD Purchasing Department.

Description of Modification
Identify the specific changes to the contract/order and the reason for them. (<i>Organize by section headings, including contract subject matter or short title where feasible.</i>)

Impact on Contract Price
<input type="radio"/> increased by _____ <input type="radio"/> decreased by _____ <input type="radio"/> remains unchanged
New Total Price _____

Department/Campus: _____

Name: _____ Authorized Signature: _____ Date: _____

Modification Reviewed By (Initials) Assistant Superintendent: _____ Director of Procurement: _____ Exec Dir Business Svc: _____

Execution of Modification		
EXCEPT AS PROVIDED HEREIN, all terms and conditions of the document referenced in above, as heretofore changed, remains unchanged and in full force and effect.		
Contractor (Officer/Authorized Signer)		
Name: _____	Authorized Signature: _____	Date: _____
Superintendent		
Name: <u>Dr. Juan I. Martinez</u>	Authorized Signature: _____	Date: _____