

**UNIVERSITY OF LOUISIANA AT LAFAYETTE  
OFFICE OF PURCHASING  
CONTRACT ALTERATION**

To: (Vendor Name/Address/City/State/Zip Code)

Contract/Purchase Order No. \_\_\_\_\_

Date: \_\_\_\_\_ Telephone \_\_\_\_\_  
Extension \_\_\_\_\_

Contact Person: \_\_\_\_\_

Department: \_\_\_\_\_

**ALTER THE CONTRACT / PURCHASE ORDER IN THE FOLLOWING MANNER (Check ALL that Apply):**  
(\*NOTE: Summary description of alteration must be included.)

- Please revise the Contract End Date below:

From:  To:

- The Scope of Services has been changed as follows: (See documentation attached)

- The Payment Terms to be changed as follows: (See documentation attached)

From:  To:

- Please revise the Contract/Purchase Order Amount by:

Increase Amount \$ \_\_\_\_\_ Decrease Amount \$ \_\_\_\_\_

NOTE: Provide Accounting if Amount is to be charged to multiple accounts.

Fund (F)	Org (O)	Account (A)	Program (P)	Total

- Please revise the FOAPAL (Funding/Accounting) by:

From: \_\_\_\_\_ To: \_\_\_\_\_

Fund (F)	Org (O)	Account (A)	Program (P)	Total Amount	Fund (F)	Org (O)	Account (A)	Program (P)	Total Amount

- Other: (Attach documentation, if applicable)

**\* Summary Description of Change/Alteration (Include description for all change requests):**

Requested by: \_\_\_\_\_  
Head of Department

Fund Approval: \_\_\_\_\_  
Fiscal Officer

Approved by: \_\_\_\_\_  
Dean or Administrative Head

Approved by: \_\_\_\_\_  
Purchasing Officer