

**WESTERN KENTUCKY UNIVERSITY**  
PERSONAL SERVICES CONTRACT

Department of Purchasing  
Supply-Services Building  
1 Big Red Way  
Bowling Green, Kentucky 42101-3576

[ ] NOTICE OF AMENDMENT  
[ ] NOTICE OF EXTENSION

Name and Address of Individual or Firm:	Personal Services Contract No. PS- _____ Account Number: _____ Original Contract Date: _____ Original Contract Amount: \$ _____ New Total Not To Exceed: \$ _____
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**Section 1. Complete the following if form is processed as an AMENDMENT.**

- A. The above referenced contract is being amended as follows:
- \_\_\_\_\_ \$ \_\_\_\_\_ net increase  
\_\_\_\_\_ \$ \_\_\_\_\_ net decrease
- B. All other terms and conditions of the contract except as modified above are hereby ratified and confirmed. All work will be completed within the Current contract beginning and ending dates unless Section 2 below is completed.
- C. Attached Proof of Necessity if this amendment increases the contract amount over \$10,000.00.

**Section 2. Complete the following if form is processed as EXTENSION.**

- A. The above referenced contract is being extended from:  
\_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_.
- B. If contract is extended beyond the current fiscal year, change the contract number to PS-\_\_\_\_\_.
- C. Unless contract amount is modified above, balance of the contract to be carried forward: \$\_\_\_\_\_.

PLEASE SIGNIFY YOUR ACCEPTANCE OF THE ABOVE CONTRACT MODIFICATION(S) BY AFFIXING YOUR SIGNATURE BELOW:

Western Kentucky University:

Contractor:

Prepared By:

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Signature/Date

APPROVED BY:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Chief Financial Officer or Authorized Representative