



WESTERN KENTUCKY UNIVERSITY
1906 College Heights Blvd, #11099
Bowling Green KY 42101-1099

NOTICE OF EXTENSION
OF
PERSONAL SERVICE CONTRACT

Name and Address of Individual or Firm

Personal Service
Contract Number PS _____

Index No.: _____

Encumbrance Amount:

Effective Dates:

Beginning: _____

Ending: _____

This is to notify you that under the provisions of the contract, the University elects to extend Contract Number _____, dated _____, between you and

Agency

with the same terms and condition as set forth therein. The period within the current fiscal year in which services are to be performed under this extension is from _____ to _____.

Please signify your acceptance of the above contract modifications(s) by affixing your signature below:

FIRST PARTY:

Western Kentucky University

Prepared by

Recommended Approved by (Department Head)

Approved by:

Director of Purchasing or
Authorized Representative Date

SECOND PARTY:

Name of Firm/Individual

Authorize Signature

Type Name

Date