

Attachment A Amendments/Renewals

OLO/Department:		Agency Contact:	
Contract/PO #:		Telephone #:	
Contractor/Vendor/Payee:			
Original Contract Start Date:		Original Contract End Date:	
AMENDMENT 1 <input type="checkbox"/>		RENEWAL <input type="checkbox"/>	
Contract Last Signed Date:	Contract Signed by Name:	Job Title:	
Total Contract amount:			
AMENDMENT 2			
Contract Last Signed Date:	Contract Signed by Name:	Job Title:	
Total Contract amount:			
AMENDMENT 3			
Contract Last Signed Date:	Contract Signed by Name:	Job Title:	
Total Contract amount:			

Instructions to complete the Summary of Contractual Services Agreement/Purchase Order Form:

This form should be completed in its entirety, signed and dated by the appropriate agency personnel and submitted with each payment request. Please ensure each field on the form is completed according to the guidance provided.

OLO/Department:	Agencies numeric identifier (i.e. 640000/Department of Health).
Agency Contact:	Agency designated personnel to answer questions regarding payment.
Telephone #:	Designated personnel phone number.
Total Contract Amount:	Provide the contract amount; amount must equal the <u>total</u> amount of the contract; including amendments and/ or renewals.
Total Amount of Previous Payments:	Provide the cumulative total of the payments to date, <u>excluding</u> current invoice amount (s).
Contract/Agreement/PO/DO#:	Identify number assigned to agreement.
Contractor/Vendor/Payee:	Identify Vendor/Payee (including d/b/a if applicable).
Contract Start Date:	Identify date contract begins.
Contract End Date:	Identify date contract ends.
Contract Last Signed Date:	Identify date of execution.
Contract Signed by Name:	Identify the individual who executed the contract.
Job Title:	Identify the job title of the individual who executed the contract.
Type of Services:	Provide a brief description of the services being provided.
Method of Payment:	Check the appropriate method of payment.
Invoice Number:	Identify the invoice number associated with this payment request.
Invoice Period:	Identify the invoice period this payment request covers.
Deliverables...Min Performance:	All deliverables and minimum performance standards as stated in the agreement must be provided. Pages from the agreement referencing the deliverables and minimum performance standards may be attached.
Payment Amount	Identify the payment criteria (compensation) for each deliverable.
Method of Procurement:	Check the appropriate procurement method; identify specific ITB, RFP or ITN number. If first payment is being submitted on a competitively procured agreement, provide documentation evidencing procurement (e.g. bid tab). If Other is selected provide the specific exemption, statute, CSFA, CFDA or GAA line item.
*Agency Management Certification:	This section is to be completed by the level of management Bureau Chief (or equivalent) or higher that has direct knowledge of the contract document and can attest to the information provided on this form is true and correct and accurately reflects the terms and conditions in the executed contract document.

Management Name: Print name of the appropriate agency personnel.

Job Title: Print job title of the appropriate agency personnel signing form.

Management Signature: Signature of the appropriate agency personnel.

Date: Enter the date signed by the appropriate agency personnel.

Contract Manager Certification: This section is to be completed by the employee designated by the agency to function as the contract manager and is approving the identified invoice for payment based on direct knowledge of satisfactory receipt of the goods or services. If the individual completing this section is not the designated contract manager, please provide justification or delegation of authority for the individual to sign this form.

Contract Manager Name: Print name of the appropriate agency personnel.

Contract Manager Signature: Signature of the appropriate agency personnel.

Date: Enter the date signed by appropriate agency personnel.

**ATTACHMENT A
AMENDMENTS/RENEWAL:** This page is to be used to identify any amendments that have been executed. Additional records may be entered as necessary.

Contract Last Signed Date: Identify date of execution.

Contract Signed by Name: Identify the individual who executed the contract.

Job Title: Identify the job title of the individual who executed the contract.

Total Contract Amount: Provide the contract amount; amount must equal the total amount of the contract; including amendments and/ or renewals.