

**CONSULTANT WORK ORDER AMENDMENT  
 STATE OF MINNESOTA**

PROJECT NAME: "RECS Project Name"

CONSULTANT:

LOCATION:

ADDRESS:

"RECS Project City & State"

To Be Completed by State

| Business Unit   | Accounting Date       | Fund                                       | DeptID         | AppropID                                    | Category                            | Account | Amount         |
|---|-----------------------|--|----------------|---|-------------------------------------|---------|----------------|
| Vendor Number<br>"SWIFT Vendor Number"  |                       | Contract Number<br>"SWIFT Contract Number" |                | Version/Line<br>"SWIFT Version/Line Number" | Project Number<br>"RECS Project ID" |         | Activity       |
| Date  |                       | Order Number                               |                | Line Number                                 | Entered By                          |         | Control Number |
| [Individual signing certifies that funds have been encumbered as required by Minnesota Statute §§16A.15 AND 16C.05] |                       |  |                |   |                                     |         |                |
| Contract Begin Date:  | "Contract Begin Date" | Current Est'd Expiration Date:             | "Est Exp Date" | Revised Est'd Expiration Date:              | "Revised Est Exp Date"              |         |                |

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**WORK ORDER AMENDMENT NO. #**

This WORK ORDER AMENDMENT is made by and between the STATE of MINNESOTA, acting through its Commissioner of Administration, "STATE," and, , , , "CONSULTANT."

WHEREAS, STATE and CONSULTANT have entered into a work order, known as Department of Administration Contract No. **Error! Reference source not found.**/Work Order for "RECS Project Name", , "RECS Project City & State"; which was fully executed on .

WHEREAS,

1. The original work order called for
2. It is necessary to modify the original work order to include the following:
  - a. Additional time is needed to complete the project.
3. Consultant's compensation shall remain unchanged.
4. The work order expiration date is , and additional time is needed to complete the project.

NOW THEREFORE, it is mutually agreed to amend Contract No. **Error! Reference source not found.**/Work Order as follows:

5. The expiration date of this Work Order is .

**Except as amended herein, the terms and conditions of the Original Contract and all previous amendments remain in full force and effect.**

IN WITNESS WHEREOF, STATE has caused this work order amendment to be duly executed on its behalf and CONSULTANT has caused the same to be duly executed on its behalf.

This work order amendment may be executed in counterpart; once all parties have signed on one or separate copies, a copy signed by one party is binding on that party same as if signed by all remaining parties.

**1. STATE ENCUMBRANCE VERIFICATION**

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.

|                          |
|--------------------------|
| SWIFTOrder Number:       |
|                          |
| Certification Signature: |
|                          |
| Date:                    |

**2. CONSULTANT:**

CONSULTANT certifies that the appropriate person(s) have executed the Agreement on behalf of the CONSULTANT as required by applicable articles, by-laws, resolutions, or ordinances.

|                       |
|-----------------------|
| By:                   |
| _____                 |
| (Corporate Signature) |
| Printed Name:         |
|                       |
| Title:                |
|                       |
| Date:                 |

|                       |
|-----------------------|
| By:                   |
| _____                 |
| (Corporate Signature) |
| Printed Name:         |
|                       |
| Title:                |
|                       |
| Date:                 |

**Distribution:**

- Agency - Original (fully executed) Contract
- Department of Administration
- Contractor
- State Authorized Representative

**3. STATE AGENCY:** Department of Administration

Contract approval and certification that state funds have been encumbered as required by Minnesota Statutes §§ 16A.15 and 16C.05.

|   |
|---|
| By:   |
| _____   |
| (Authorized Signature)                            |
| Printed Name: Gordon Christofferson or Bev Kroiss |
| Title: Assistant Director or Director             |
| Date:   |

