Amendment # _____ Purchase Order # P _____
(Assigned by Business Unit)

Change Order # _____ Tracking # _____
(Assigned by Purchasing)

UNIVERSITY SYSTEM OF NEW HAMPSHIRE

AMENDMENT TO
INDEPENDENT CONTRACTOR AGREEMENT
(This agreement is not in effect until signed by all parties.)

CONTRACTOR INFORMATION

Name: _____
Address: _____ City _____ State _____ Zip code _____
Phone: _____ Fax: _____ Email: _____

Whereas the University and the Contractor desire to amend their agreement originally executed on:

Purchase Order Number: _____ Dated: _____

The University and the Contractor hereby agree to amend said agreement as follows (check all that apply):

☐	Contract Amount / Adjust by		Revised Contract Amount	
☐	Purchase Order Amount / Adjust by		Revised PO Amount	
☐	Revised Dates of Services:		☐	Other

Describe change to original ICA below:

AUTHORIZED SIGNATURES

_____
Hiring Administrator Typed or Printed Name Date

_____
Independent Contractor Typed or Printed Name Date

_____
Purchasing Typed or Printed Name Date

Additional Signature when required:

- VP Finance and Administration by campus when fees **exceed $75,000**
- USNH Vice Chancellor signature required when fees **exceed $500,000**

_____
VP Finance and Administration Typed or Printed Name Date

_____
Vice Chancellor Typed or Printed Name Date