

Revision Request

Project Title: **Stimulus (ARRA) Funds? Yes__ No__**

Customer Contact Information

Agency/Institution: Address:	Contact Person: Phone: Fax: Email Address:
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MAGIC Customer Number (only required from state agencies) Provider Code: Agency Code:	Division/Dept: Handmail: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Project History and Accounting

CP-1 Number to be Revised: Total Amount Authorized on CP-1 to be Revised:	Reason(s) Revision Required: <input type="checkbox"/> Increase Dollar Amount <input type="checkbox"/> Extend Expiration Date <input type="checkbox"/> Change Vendor Information <input type="checkbox"/> Increase Scope <input type="checkbox"/> Other
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Project Accounting:
Expenditures to Date: Provide invoice details for at least the previous 12 months. Payments older than 12 months may be summarized by Fiscal Year

Payment History	Invoice Number	Invoice Date	Description	Invoice Amount	Payment Date	Payment Amount

CP-1 Remaining Balance:

Dollar Amount: Original Amount Approved: Current Balance: Amount of Increase: New Balance:	Expiration Date: Original: New:
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Vendor Information

Vendor Name Original: New:	Vendor Address Original: New:
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Project Scope

If the revision is due to a change in the original scope of the approved project, please describe the changes. (addition of equipment, products or services)

Other

Specify the other conditions that require this revision.

There is a charge for ITS procurement services associated with this request which will be billed to the requestor by ITS. By my signature I acknowledge that my agency/public university is responsible for these charges/costs.

Name (Agency Head or Public University CIO)/Title

Signature

Date