



Revision to Previous Procurement Request

Project Title:					
Funding Source		Click Here to Select			
Contact Information					
Agency/Institution:		Contact Person:			
Mailing Address:		Phone Number:			
		Email Address:			
		Division/Dept:			
MAGIC Information - Only required from state agencies					
Customer Number:		Provider Code:		Agency Code:	
Project History and Accounting					
CP-1 Number to be Revised:		Reason(s) Revision Required (Choose all that apply)			
		<input type="checkbox"/> Increase Dollar Amount		<input type="checkbox"/> Extend Expiration Date	
MAGIC Contract Number:		<input type="checkbox"/> Change Vendor Information		<input type="checkbox"/> Increase Scope	
		<input type="checkbox"/> Other (Describe →)			
Expenditures to Date					
Payment History: Provide details for at least the previous 12 months. Payments older than 12 months may be summarized by Fiscal Year.					
Invoice Number	Invoice Date	Description	Invoice Amount	Payment Date	Payment Amount
Dollar Amounts					
Original CP-1 Expiration Date:		New Expiration Date:			
Original CP-1 Amount Approved:		Requested Revision Amount:			
Previously Approved Increases: (if any)		Quote Attached:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Remaining Balance at Time of Request:		New Cumulative Balance with Revision:			
Vendor Information					
Original Vendor	Name:			New Vendor	Name:
	Address:				Address:
Reason For Revision					
<input type="checkbox"/>	Change of Scope: Please describe the changes (addition of equipment, products, or services).				
<input type="checkbox"/>	Other: Specify the condition(s) that require this revision.				

By my signature, I acknowledge that ITS will conduct the procurement of the IT products or services indicated above with my agency's/institution's approval.

Name and Title (Agency Head/Institution President/CIO)

Signature

Date