



## Revision to Previous Procurement Request

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