## ANTELOPE VALLEY COLLEGE REQUEST FOR CONTRACT/MOU (RFC) AMENDMENT

Requester:	Phone:	REQ/PO #:	Date:	
Approved by:			Date:	
Approved by: Dean (if applica	ble)	Signature		
Approved by: Director Signature (if applicable)	Date:		Date:	
Director Signature (if applicable)	_	PM Signature (if applica	ble)	
Approved by: Executive Director/Vice Presid				
Executive Director/Vice Presid	lent/President	Signature		
ITS, FS, AUX, PIO Related? 🗌 Yes 🗌 No	lf "Yes", pleas€	e obtain approval below and spec	ify department:	
Approved by:			Date:	
Name of Exec. Director/Approver (ITS, F	S, AUX, PIO, HR, etc.)	Signature of Exec. Director/VP/Appro	over	
	LI	VESCAN		
(Comple	ete this section ON	NLY if there is a change in SOW)		
Contractor interacting with Students? Yes If interaction w/Students, Exec Dir/VP/Presid If Livescan is required, Requester will nee	dent completes th	he following: Initials	ivescan: □Yes □No	
	-	MENDMENT DETAILS		
Email Address of Contractor's Authorized Sig				
Current Contract/MOU Start Date:		End Date:		
To be Amended (check all that apply and attach	documents if applica	able):		
□ Change to Contract/MOU Period: Start I	Date:	End Date:		
<ul> <li>Change to Price or Payment information</li> <li>Change to SOW (Responsibilities) – Attac</li> <li>Name Change – Attach current calendar</li> <li>Change to Terms &amp; Conditions – Contact</li> </ul>	– Attach current S h current Scope c year W-9	Scope of Work (SOW) with redlin of Work (SOW) with redlining.	-	
Other Change – Contact you buyer prior t		-		
INCLU	DE THE FOLLO	WING ATTACHMENTS:		

- □ Additional Two Quotes (if applicable) (see REQ Checklist for requirements based on total dollar amount of contract)
- □ Attachments (Proposal) (if any)
- □ Proof of Livescan (if applicable)
- □ If adding Software/Web Application: □ VPAT & □ HECVAT Lite (if PII or District Sensitive Info involved)

Updated: 1-10-2025