

PURCHASE ORDER CHANGE FORM

Purchasing Department

*****THIS FORM TO BE SENT TO THE FISCAL SERVICES DEPARTMENT*****

(Fiscal will forward to Purchasing after they approve the changes)

DATE: 8/16/2022

REQUESTOR NAME: Tiffany Jones EXT. # x4037 EMAIL: jonest @MDUSD.ORG

SITE: Special Education PO#: 230540 VENDOR NAME: Child's Play Therapy Services

CIRCLE SELECTION APPROPRIATELY: Cancel PO Change PO (fill out applicable areas below)

REQUIRED FIELD-Reason for Change: Increase per attached contract amendment #1

Add or Delete Line Item(s)

Line Item	Add or Delete	Quantity if Adding	Description	Price	Budget Code to be Charged
				\$	
				\$	

Change of Budget Code ONLY

Line Item	Change From:	Change To:	Amount
			\$
			\$

Change Line Item (list reason for change above)

Line Item	Quantity	New Quantity (if applies)	Description of change	Price	Budget Code to be Charged:
1	LOT	N/A	Increase	\$ 21,000.00	01.6500.5760.1190.16640.000. 505.005.5800
				\$	

SITE/Department Head Approval <u><i>[Signature]</i></u> Date: <u>8/18/22</u>	ADJUSTED PO Grand Total \$ 24,000.00
Budget Administrator Approval <u><i>[Signature]</i></u> Date: <u>8-18-22</u>	
Fiscal Approval <u><i>[Signature]</i></u> Date: <u>8/16/22</u>	

Purchase Order # 230540



Mt. Diablo Unified School District
1936 Carlotta Drive
Concord, CA 94519

Amendment No. 1 to

- Independent Service Contract
- Master Contract

This Amendment is entered into between the Mt. Diablo Unified School District (MDUSD) and Child's Play Therapy Services (CONTRACTOR). MDUSD entered into an Agreement with CONTRACTOR for professional services on June 13, 20 22 and the parties agree to amend that Agreement as follows.

1. **Services:** (Check and complete ONE of the options below).

CONTRACTOR agrees to provide the following amended services. (Provide full description of expected final results, such as services, materials, products, and/or reports; attach additional pages as necessary).

The scope of work is attached as Exhibit A (incorporated by reference to the extent that it is subordinate to and not inconsistent with this Agreement).

The scope of work is unchanged.

2. **Terms:** (Check and complete ONE of the options below).

The contract term is extended by an additional _____ (days/weeks/months), and the amended expiration date is _____, 20 _____.

The contract term is unchanged.

3. **Compensation:** (Check and complete ONE of the options below. This provision may only be changed if there is also a change to the above Services OR Terms of the Contract).

The rate is amended by an increase of decrease of \$ _____ for _____
type of service

The contract amount is amended by an increase of decrease of \$ 21,000.00 to original contract amount.

The amended contract amount rate is now \$ 24,000.00

4. **Remaining Provisions:** All other provisions of the Agreement, and prior Amendment(s) if any, shall remain unchanged and in full force and effect as originally stated.

5. **Amendment History:** This contract has previously been amended as follows:

No.	Date	General Description of Reason for Amendment	Amount of Increase/Decrease
			\$
			\$
			\$

6. **Approval:** This Agreement is not effective and no payment shall be made to Contractor until it is approved. Approval requires signature by the Superintendent (or his designee).

Mt. Diablo USD
By: [Signature]
Budget Administrator/Principal

Mt. Diablo USD
By: [Signature]
Superintendent or Designee

Contractor
By: [Signature]

Board Approval (if needed)
Docket Number: _____
Agenda Item Number

Date: 8/18/2022

Date: 8/18/22

Date: 8/11/22

Date: _____