



PERALTA COMMUNITY COLLEGE DISTRICT INDEPENDENT CONTRACTOR & ORIGINAL CONTRACT ADDENDUM FORM

Contractor/Consultant Information:

Name of Contractor:		
Business License No.:		
Tax ID Number:		
Vendor Number:		

Contract Information: **Please attach a cover memo attention to the Chancellor**

ICC #		(Please attach a copy of the original ICC and previous addendums)
Contract Start Date:		End:
New Contract End Date:		(Extension Request Only)
Original/Previous Contract Amount:		
Request to Increase/Decrease the Contract By:		
Total Contract Amount:		
Board Approval Date(s):		(if applicable)

Accounting Codes: (additional lines are provided for split funding only)

LOC	FUND	COST CTR	OBJECT	PR	ACTIVITY & SUFF	SPPJ	LN	PREVIOUS AMOUNT	ADDENDUM + / -	TOTAL
									GRAND TOTAL	
Funds Verified by Business Manager								Date:		

Approval Routing:

College President	Date:
Vice Chancellor, Financial Services	Date:
Chancellor	Date: