



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)
Purchase Order # _____	
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/ Vice Chancellor	Date:
_____	_____
Vice Chancellor, Financial Services	Date:
_____	_____
Chancellor	Date: