

North Carolina State University

Wilson College of Textiles Fabrication and Testing Services Modification Form

SOF#: _____

Client Information

Company: _____

Client Purchase Order Number: _____

Point of Contact: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Send Invoice to: (if different from above)

Name: _____

Mailing Address: _____

Please check primary type of Requested Services:

Fabrication Services

Testing Services

Amendment(s) to Original Terms and Conditions

Check mark(s) for items 1-6 indicate the changes affected by this amendment.

1. The Period of performance is changed to read as follows:

From Start Date: _____

Through End Date: _____

2. No increase in the total amount funded to date.

3. The funding for this Agreement is changed to read as follows:

Amount authorized this action: \$ _____

Amount previously authorized: \$ _____

Total amount authorized to date: \$ _____

(Not to exceed \$50,000)

4. Unit performing service is changed to:

Zeis Textiles Extension

Textile Protection & Comfort Center

Textile Engineering, Chemistry & Science

Textile & Apparel, Technology & Management

Other: _____

5. Change in services or additional service *(please submit additional explanation)*

6. Except as modified herein, all other terms and conditions of the Agreement remain in effect and unchanged.

CLIENT:

By: _____

Title: _____

Date: _____

Source of funds for this project: **REQUIRED**

Non-federal

Federal/Federal
flow-through

Fed. agreement number: _____

UNIVERSITY

By: _____

Title: _____

Date: _____