



SNOQUALMIE VALLEY

SCHOOL DISTRICT

Amendment to the Contractual Agreement for Services

*Date: _____

*Current Purchase Order: _____

This amendment is made by the following parties:

Snoqualmie Valley School District #410 8001 Silva Ave Se, PO Box 400 Snoqualmie, WA 98065 Email: invoices@svsd410.org Phone: (425) 831-8000	*Contractor Name: _____ *Remit Address: _____ *City/State/Zip: _____ *Email: _____ *Phone: _____
--	--

The agreement is amended as follows:

*Dates of Service: _____ to _____

*Reason for Amendment:

*Amended Compensation/Payment:

Original Contract Amount: \$ _____

Rate (Hrly/Mnthly/Wkly/etc.): \$ _____ PER _____

Requested Increase: \$ _____

Amended Contract Total: \$ _____

**By my signature, I acknowledge that I have read, understand, and agree to the terms and conditions of Snoqualmie Valley School District #410. I agree to the compensation terms as stated above:*

*Services Contract Date

Building Administrator Date

Business Services Review Date

Director of Business Services Date

ASB: Include the meeting minutes that approved the increase/decrease of this purchase order.