

**Clear**

**Portland State University  
Personal/Professional Services Contract (PSC)**

**PSC Number:** \_\_\_\_\_

**Amendment Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contractor Phone:** \_\_\_\_\_

**Contractor Email:** \_\_\_\_\_

**Banner Document Number:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Department Contact:** \_\_\_\_\_

**Department Email:** \_\_\_\_\_

**Department Phone:** \_\_\_\_\_

**Index Code Charged:** \_\_\_\_\_

**Performance Dates (From)** \_\_\_\_\_ **(to)** \_\_\_\_\_

(Original dates or as last amended)

The parties agree to amend this PSC as follows:

1. **Select all that apply:**

**EXTEND THE TERM:** The End Date of the services is changed to: \_\_\_\_\_

**INCREASE CONTRACTOR FEE/HONORARIUM** (total cost) to a sum not to exceed \$ \_\_\_\_\_  
(Increase in fee or honorarium must be tied to change in "Services to be Provided.")

**ADDITIONAL EXPENSES ARE AUTHORIZED AS FOLLOWS (You Must Check at Least One):**  
(Payment of additional expenses must be tied to change in "Services to be Provided.")

- Additional fee includes all expenses.
- University will reimburse Contractor's additional travel expenses in an amount not to exceed \$\_\_\_\_\_.
- University will directly pay third parties for additional travel expenses incurred by Contractor in performing services under this Contract in an additional amount not to exceed \$\_\_\_\_\_.
- No additional expenses are authorized.

All expenses, whether reimbursed to Contractor or paid to a third party by the University, are subject to the University's published reimbursement rates, which may be found at:

<https://portlandstate.atlassian.net/wiki/spaces/~655483049/pages/979043391/Travel>

**Amended Total Payments:** The amended total payments made to Contractor, including all fees or honorariums and all expenses, whether reimbursed to Contractor or paid to third parties on behalf of Contractor, shall not exceed \$\_\_\_\_\_.\*

**Total Dollar Amount for Fiscal Year:** The total dollar amount of all contracts Department has entered into with this Contractor during the current fiscal year is \$\_\_\_\_\_.\*

2.  **AMEND SCOPE OF WORK; SERVICES TO BE PROVIDED** as follows:

**\*IF AMENDMENT PUTS TOTAL VALUE OF PSC ABOVE \$25,000, CONTACT CAPS BEFORE SIGNING  
DO NOT WRITE A SOCIAL SECURITY NUMBER ON THIS FORM.**

3. All other terms and conditions of the PSC remain the same.

UNIVERSITY DEPARTMENT HEAD:

CONTRACTOR:

\_\_\_\_\_  
Signature Date  
Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature Date  
Print Name: \_\_\_\_\_

Grant Approval (If required):

I certify that sponsored project funding is available  
and the proposed costs are accurate, allowable  
charges for the sponsored project indexes listed.  
It is within my budgetary authority to approve these charges.

By: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

UNIVERSITY CONTRACTS OFFICER:

\_\_\_\_\_  
Contracts Officer Signature Date

**\*IF AMENDMENT PUTS TOTAL VALUE OF PSC ABOVE \$25,000, CONTACT CAPS BEFORE SIGNING  
DO NOT WRITE A SOCIAL SECURITY NUMBER ON THIS FORM.**