

AMENDMENT # _____

CFMS # _____

HCSO # _____

**AMENDMENT TO
AGREEMENT BETWEEN THE STATE OF LOUISIANA
BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY AND
AGRICULTURAL AND MECHANICAL COLLEGE ON BEHALF OF
LOUISIANA STATE UNIVERSITY HEALTH SYSTEM
HEALTH CARE SERVICES DIVISION
(FACILITY HERE)**

AND

(VENDOR HERE)

FOR

_____ **SERVICES**

AMENDMENT PROVISIONS

PROVIDER/CONTRACTOR:

ADDRESS:

CITY, STATE & ZIP:

CHANGE FROM:

CHANGE TO:

REASON:

Effective Date of Amendment:

This amendment contains, or has attached hereto, all revised terms and conditions agreed upon by the parties. All terms and conditions not amended herein remain in full force and effect.

IN WITNESS THEREOF, this amendment is signed and entered into on the date indicated below.

(VENDOR NAME)

STATE OF LOUISIANA
LOUISIANA STATE UNIVERSITY
HEALTH SYSTEM
HEALTH CARE SERVICES DIVISION

(VENDOR CONTACT) Date

Administrator Date

Roxane A. Townsend, M.D. Date
Interim Chief Executive Officer, HCSD