

SIMPLIFIED PURCHASE AGREEMENT (SPA)
MODIFICATION JUSTIFICATION

FROM: Agency Name:
Authorizing Specialist:
Phone Number:
Email Address:

SUBJECT: Justification for Cost Adjustment to
SPA Work Order Number:
BAC: Requisition Number:
Jacket Number: Purchase Order Number:

To: 1234-M SPA

Original Cost:
Modification Charge:
*Total Revised Cost:

Reason for Adjustment:

New Delivery Date if Warranted:

This cost adjustment was negotiated and approved by our agency (sign and date below).

Authorizing signature

Date

Contractor signature

Date

Send this signed form with the original signed SPA Work Order form to the vendor
and to the SPA team at spa@gpo.gov.