



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:

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**

*For ordering customer, the GPO surcharge will be in addition to this total.