

STATE OF MISSOURI MISSOURI DEPARTMENT OF CORRECTIONS CONTRACT AMENDMENT

RETURN AMENDMENT NO LATER THAN APRIL 3, 2019 TO:

Steven W. Beeson, Procurement Officer I steven.beeson@doc.mo.gov (573) 526-6590 (Phone) (573) 522-1562 (Fax) FMU/PURCHASING SECTION P.O. BOX 236 JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
March 15, 2019	Attn: John Glascock, City Manager City of Columbia, Missouri on behalf of its Department of Public Health and Human Services 701 East Broadway 2 nd Floor, City Hall Building Columbia, MO 65205	Amendment 002 YV17708175	TB Testing and Vaccines for Missouri Department of Corrections Employees

CONTRACT YV17708175 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraph II. A. on page 1, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2019 through June 30, 2020.

All other terms, conditions, and provisions, including prices, of the previous contract period shall remain and apply hereto.

If in agreement, the contractor shall complete, sign, and return this document as acceptance on or before the date indicated above.

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT. Company Name: Mailing Address: City, State, Zip: Telephone: Fax: MissouriBUYS SYSTEM ID: Email: Authorized Signer's Printed Name and Title: Authorized Signature: Date: THIS AMENDMENT IS ACCEPTED BY THE MISSOURI DEPARTMENT OF CORRECTIONS AS FOLLOWS: In its entirety.						
Company Name: Mailing Address: City, State, Zip: Telephone: Fax: MissouriBUYS SYSTEM ID: Email: Authorized Signer's Printed Name and Title: Authorized Signature: Date:	***************************************					
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City, State, Zip: Telephone: Fax: MissouriBUYS SYSTEM ID: Email: Authorized Signer's Printed Name and Title: Authorized Signature: Date:		AND CONTRACTOR OF THE PROPERTY				
Telephone: Fax: MissouriBUYS SYSTEM ID: Email: Authorized Signer's Printed Name and Title: Authorized Signature: Date:	Mailing Address:					
MissouriBUYS SYSTEM ID: Email: Authorized Signer's Printed Name and Title: Authorized Signature: Date:	City, State, Zip:					
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Cari Collins, Director, Division of Human Services	Cari Collins, Director, Division of Human Serv	rices	Date			

Approved as to form:

City Counselor (M)