**SE-638 MODIFICATION NO.:**

**PROFESSIONAL SERVICES IDC DELIVERY ORDER MODIFICATION – SMALL CONTRACT**

**AGENCY:**

**DELIVERY ORDER PROJECT NAME:**

**DELIVERY ORDER PROJECT NUMBER:**

**IDC PROJECT NUMBER:**

**A/E:**

**ADDRESS:**

|  |
| --- |
|  **DELIVERY ORDER CONTRACT****COST INFORMATION:** |
| 1. | Maximum Total Amount of this IDC, excluding Reimbursables: |  | $       |
| 2. | Current Amount of this Delivery Order, excluding Reimbursables: |        |  |
| 3. | Amount of this Modification, excluding Reimbursables: |        |  |
| 4. | Adjusted Amount of this Delivery Order, excluding Reimbursables | $ 0.00 |  |
| 5. | IDC Total (Sum of all DOs, excluding Reimb.) Prior to this Modification: |  | $       |
| 6. | IDC Total Including this Modification and excluding Reimbursables: |  | $ 0.00 |
| 7. | Balance Remaining for this IDC, excluding Reimbursables: |  | $ 0.00 |
|  |  |  |  |
| 8. | Adjusted Total Reimbursable Expenses for this Contract |   | $       |

**DESCRIPTION OF DELIVERY ORDER SCOPE MODIFICATION:** *(attach A/E’s Proposal)*

**LIST OF MODIFICATION DOCUMENTS:** *(refer to attachments as necessary)*

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| **SCHEDULE MODIFICATION:** |
|       |

The Agency and the A/E hereby agree, as indicated by the signatures below, to the revised scope of work identified in the Modification Documents listed above, the A/E’s Cost Proposal dated the      day of      , 20    , and this Delivery Order Modification which shall be assigned to the Indefinite Delivery Contract identified above.

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| --- | --- |
| **AGENCY:** | **A/E** |
| **BY:** *(Signature of Representative)* | **BY:** *(Signature of Representative)* |
| **PRINT NAME:**  | **PRINT NAME:**  |
| **PRINT TITLE:**  | **PRINT TITLE:**  |
| **DATE:**  | **DATE:**  |