

Construction and Properties AMENDMENT TO AGREEMENT Capital Assets Management

AMENDMENT			
Number:			
Date		en the Owner:	On behalf of the Using Agency:
	State of Oklahoma		
CAP website P.O. Box			
		53448	
	Oklahoma City, OK 73152-3448		
And the	("Recipient"):		
Company name			If other
By execution of all parties, this Amen	ndment is h	ereby incorporated into the Agreement dat	ed
PROJECT			
CAP project number		Project name	
Purchase order number		Location address	
SCODE			

The Agreement is amended as follows:

ADJUSTMENTS	
The Recipient's compensation shall be adjusted as follows:	
The schedule shall be adjusted as follows:	
By executing this Amendment, Owner, Using Agency and Recipient agree to	
August description of the company of	
Amendment becomes a Contract Document issued in accordance with the a	applicable General Conditions.
OWNER SIGNATURE	applicable General Conditions.
OWNER SIGNATURE State of Oklahoma OMES CAM CAP	
OWNER SIGNATURE	Owner title
OWNER SIGNATURE State of Oklahoma OMES CAM CAP Owner name	Owner title
OWNER SIGNATURE State of Oklahoma OMES CAM CAP	
OWNER SIGNATURE State of Oklahoma OMES CAM CAP Owner name Owner signature	Owner title
OWNER SIGNATURE State of Oklahoma OMES CAM CAP Owner name	Owner title Date
OWNER SIGNATURE State of Oklahoma OMES CAM CAP Owner name Owner signature USING AGENCY SIGNATURE	Owner title
OWNER SIGNATURE State of Oklahoma OMES CAM CAP Owner name Owner signature USING AGENCY SIGNATURE	Owner title Date
OWNER SIGNATURE State of Oklahoma OMES CAM CAP Owner name Owner signature USING AGENCY SIGNATURE Authorized representative name	Owner title Date Authorized representative title
OWNER SIGNATURE State of Oklahoma OMES CAM CAP Owner name Owner signature USING AGENCY SIGNATURE Authorized representative name Authorized representative signature	Owner title Date Authorized representative title
OWNER SIGNATURE State of Oklahoma OMES CAM CAP Owner name Owner signature USING AGENCY SIGNATURE Authorized representative name	Owner title Date Authorized representative title
OWNER SIGNATURE State of Oklahoma OMES CAM CAP Owner name Owner signature USING AGENCY SIGNATURE Authorized representative name Authorized representative signature RECIPIENT SIGNATURE	Owner title Date Authorized representative title Date