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|  | **Revision to Previous Procurement Request** |
| **Project Title:**  |  |
| **Funding Source:** | Click Here to Select |  |
| **Contact Information** |
| **Agency/Institution:**  | MS Department of Education  | **Contact Person:**  | Procurement Director |
| **Mailing Address:** | 359 North West StreetJackson, MS 39201 | **Phone Number:**  | 601-359-5716 |
| **Email Address:** | PD@mdek12.org |
| **Division/Dept:**  | Procurement |
| **MAGIC Information - Only required from state agencies** |
| **Customer Number:** |  | **Provider Code:** |  | **Agency Code:** |  |
| **Project History and Accounting**  |
| **CP-1 Number to be Revised:** |  | **Reason(s) Revision Required** (Choose all that apply) |
| [ ]  | Increase Dollar Amount | [ ]  | Extend Expiration Date |
| **MAGIC Contract Number:** |  | [ ]  | Change Vendor Information | [ ]  | Increase Scope |
| [ ]  | Other (**Describe** 🡪) |  |
| **Expenditures to Date**  |
| Payment History: Provide details for at least the previous 12 months. Payments older than 12 months may be summarized by Fiscal Year. |
| **Invoice Number** | **Invoice Date** | **Description** | **Invoice Amount** | **Payment Date** | **Payment Amount** |
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| **Dollar Amounts** |
| **Original CP-1 Expiration Date:** |  | **New Expiration Date:** |  |
| **Original CP-1 Amount Approved:** |  | **Requested Revision Amount:** |  |
| **Previously Approved Increases:** (if any) |  | **Quote Attached:** | [ ]  **Yes** [ ]  **No** |
| **Remaining Balance at Time of Request:** |  | **New Cumulative Balance with Revision:** |  |
| **Vendor Information**  |
| **Original Vendor** | **Name:** |  | **New Vendor** | **Name:** |  |
| **Address:** |  | **Address:** |  |
| **Reason For Revision** |
| [ ]  | **Change of Scope:** Please describe the changes (addition of equipment, products, or services). |  |
| [ ]  | **Other:** Specify the condition(s) that require this revision. |  |

By my signature, I acknowledge that ITS will conduct the procurement of the IT products or services indicated above with my agency’s/institution’s approval.

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Jackson, Mississippi 39211

Phone 601-432-8000 Fax 601-713-6380

www.its.ms.gov

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Name and Title (Agency Head/Public Institution CIO/Designee) Signature Date