

Consultant Agreement Budget Modification

(use for reducing amount owed to consultant only)

Contractor: _____ DYCD ID # _____

Consultant Name: _____

Address _____

City

State

Zip Code

Reason for reduction: _____

Schedule (for each City fiscal year of the Agreement):

	Budgeted	Actual
Service Period Start and End Dates		
No. Hours per Day		
No. Days per Week		
No. Weeks per Year		

Budgeted Hours/Days/Weeks _____ X Rate \$ _____ = Budgeted Amount \$ _____

Actual Hours/Days/Weeks _____ X Rate \$ _____ = Actual Amount \$ _____

I _____ hereby certify that this modification reducing the hours/days/weeks worked by _____ (Consultant) accurately represents what was worked and what is owed to this Consultant.

Executive Director/Authorized Signatory Date

Print Name and Title

Notary _____ Public
State of _____
County of _____
This _____ day of _____
20____