



Cañada College • College of San Mateo • Skyline College

Addendum to Independent Contract Agreement

Date of Request: _____

Name of Independent Contractor: _____

Contracted services shall be billed to "San Mateo County Community College District" and become payable after satisfactory completion of each service and presentation of invoice to SMCCCD, Accounts Payable Office, 3401 CSM Drive, San Mateo, CA 94402.

Encumbrance #: E Current Encumbrance Balance: _____

DESCRIPTION OF CHANGES TO EVENT/PROJECT	DATE TO BE COMPLETED BY	INCREASE/DECREASE ENCUMBRANCE AMT.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

NEW TOTAL AMOUNT OF CONTRACT: _____

Instructions: Change in FOAP does not require Contractor's signature.

Required Signatures:

Contractor:

Printed Name _____ Signature _____ Date _____

College Admin:

Printed Name _____ Signature _____ Date _____

Business Officer:

Printed Name _____ Signature _____ Date _____

Dir. General Services:

Printed Name _____ Signature _____ Date _____