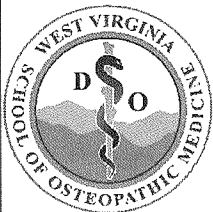


Purchase Change Request		West Virginia School of Osteopathic Medicine 400 Lee Street North Lewisburg, West Virginia 24901 Attn: Office of Business Administration (304) 647-6316	Bid # WVSOM-24-1002
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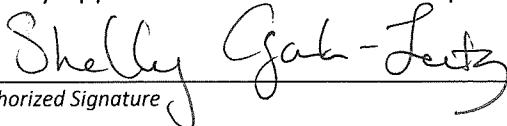
FY	Buyer	Date	Account Number	PO Date	Contract
2024	Shelly Gardner-Lutz	7/23/24			

Document <input type="checkbox"/> Requisition (Cancellation only) <input type="checkbox"/> Regular Purchase Order <input type="checkbox"/> Contract Purchase Order <input type="checkbox"/> Open-End Contract Purchase <input checked="" type="checkbox"/> Agreement (Change Order)	Document Action <table style="width:100%;"> <tr> <td>Cancellation</td> <td>Extension Error</td> </tr> <tr> <td>Increase/Decrease</td> <td>Change of Account</td> </tr> <tr> <td>Unused Balance</td> <td>Change of Vendor</td> </tr> <tr> <td>Name/Address</td> <td>Freight</td> </tr> <tr> <td>Renewal</td> <td><input checked="" type="checkbox"/> Other (See Description Below)</td> </tr> </table>	Cancellation	Extension Error	Increase/Decrease	Change of Account	Unused Balance	Change of Vendor	Name/Address	Freight	Renewal	<input checked="" type="checkbox"/> Other (See Description Below)
Cancellation	Extension Error										
Increase/Decrease	Change of Account										
Unused Balance	Change of Vendor										
Name/Address	Freight										
Renewal	<input checked="" type="checkbox"/> Other (See Description Below)										

Vendor Name, Address, Phone Number, etc. To be determined	Bid to be Delivered To: West Virginia School of Osteopathic Medicine (WVSOM) Attn: Shelly Lutz, WVSOM Director of Contracts, Room A220A 400 Lee Street North, Lewisburg, WV 24901
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Item #	Quantity	Description	Unit Price	Extended Price
		Addendum 01: WVSOM-RFP-24-1002 Addendum 01 is being issued a response to the question: 1. How many officers per shift do you utilize? One officer per shift, short overlap to debrief. 2. How many total hours per week are you billed by your current provider? Approximately 168 hours a week.		

Reason for Change: Response to vendor questions.	Previous Total \$ <u>N/A</u> Increase: _____ Decrease: _____ New Total: _____
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Vendor: To Be Determined	Agency Approved: WV School of Osteopathic Medicine <div style="text-align: center;">  <i>Shelly Gardner-Lutz</i> </div>
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Authorized Signature _____ Date _____ Authorized Signature _____ Date _____
July 23, 2024