



Maria DeWald, Coordinator, 5 BOCES Road, Poughkeepsie, NY 12601
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FOR BOCES USE ONLY:

Contract # _____

PO # _____

W9 _____

DISTRICT EXPLORATORY ENRICHMENT CONTRACT MODIFICATION FORM

TODAY'S DATE: _____

1. Provider Information: Please enter the name of the person for whom the check is issued:

*Vendor **or** Organization _____

Address _____

Phone _____ E-Mail _____ FAX _____

*SS# (individual) _____ **--OR--** *TIN# (group) _____

*** The information provided on these lines must exactly match the information provided for 1099 reporting purposes.**

2. School Information: School Contact _____ Phone _____

School/District _____ E-mail _____

3. MODIFICATIONS: (check as applicable)

Original Event Date _____ New Event Date(s) _____

Original Site-based Fee _____ New Fee Site-based Fee _____

Of Performances _____ Workshops _____ Days _____

Other: _____

*****New Invoice reflecting change is attached: _____

Please fax/e-mail/send, along with a copy of the original contract, to:

Maria DeWald, Exploratory Enrichment Coordinator

5 BOCES Rd

Poughkeepsie, NY 12601

maria.dewald@dcboces.org

FAX: 483-3648 or 486-4832