



## INDEPENDENT CONTRACTOR AGREEMENT REVISION REQUEST

This ICA Revision Request is hereby incorporated into the original ICA Agreement.

Requested by:

Date:

Vendor:

PO #:

Department Head requesting change:

### REVISION CHANGE REQUESTED

Multiple selections are ok

- Change of dates? Please list new or additional dates: \_\_\_\_\_ to \_\_\_\_\_
- PO increased? Please list new increased PO total: \_\_\_\_\_
- PO decreased? Please list new decreased PO total: \_\_\_\_\_

Reason for change:

Vendor Approval

WCSD Department Approval

Area Superintendent or District  
Leadership Team Approval

Grant Approval (if applicable)

Purchasing/Business Approval