

HBITS Form 5:
Task Order Modification Request Form

Change Form Request Date:	
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Task Order #:	
Agency:	
Job Title:	
Skill Level	
Skill Demand	
Vendor Name:	
Effective Date of Change:	
Vendor Contact Name:	
Vendor Contact Phone #:	
Agency Contact E-mail:	
Agency Contact Name:	
Agency Contact Phone #:	
Agency Contact E-mail:	
Agency has received the necessary approvals to support this Task Order Change Request (e.g., Agency, DOB, OITS, etc.)	

Description of Requested Changes:	
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Reason/Justification for Change:	
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OGS USE ONLY:	

<p><i>*Change requests for Executive Agency Authorized Users are approved by the MSP and submission of the change form does not guarantee proposed changes will be accepted. Change requests for Non-Executive Agency Authorized Users are filed with the MSP, but subject to the approval of the Non-Executive Agency Authorized User.</i></p>
