Real Estate Lease Amendment Approval

Date:	**Campus:** Select	**Amendment #:**
Requesting Department:		
Business Use (REQUIRED)**:**		
Justification (REQUIRED)**:**		

Department Contact (Enter department contact who should receive email notifications for upcoming expiration dates, renewal options, etc.)	
First Name	Last Name
Email	Phone

Property Address			
Street			
City	State	Zip	County

Other Party Information	
Other Party Name	Supplier/Customer ID

Amendment Summary *(summarize amended terms)*

Check all that apply:

☐ Early Termination: Current Expiration:_____ New Expiration:_____

Early Termination Fee? _____ $_____

☐ Term Extension: Current Expiration:_____ New Expiration:_____

☐ Base Rent Change: Current Rate: _____ per _____ New Rate: _____ per _____

☐ Other:

Financial Impact

☐ Increase ☐ Decrease ☐ No Change

If there is a financial impact, complete the following fields:

Current Annual $ Amount:	New Annual $ Amount:
Current Total Contract $ Amount:	New Total Contract $ Amount:

Comments (if any):

Accounting (Leave blank unless mocode needs to be changed)

MoCode	Fund Code	Department Code	Class Field	Program Code	Project Code

Approved By:

Business & Finance Officer

_____

Printed Name: _____

College/School Dean or Non-Acad Division Leader

_____

Printed Name: _____

Chancellor/Vice Chancellor Finance

_____

Printed Name: _____

Completed form to be returned to Campus Real Estate Coordinator