

General Terms and Conditions (GTC) Change Request

TODAY'S DATE

Submit completed form to CCSContractsCounsel@dshs.wa.gov.

CCLS STAFF NAME	ADMINISTRATION DIVISION Choose one.	
REQUESTOR'S NAME	CONTRACT NUMBER	CONTRACT CODE
Name of Term (excerpt of the entire term, as is)		
Proposed Term (excerpt of the entire term, as is)		
Justification(s) to Support Request		
CCLS Notes		
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with changes <input type="checkbox"/> Denied		
CCLS SIGNATURE	DATE	