



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 |