|  |  |  |
| --- | --- | --- |
|  | CENTRAL CONTRACTS AND LEGAL SERVICES (CCLS)**General Terms and Conditions (GTC) Change Request**Submit completed form to CCSContractsCounsel@dshs.wa.gov. |  |
| TODAY’S DATE |
| CCLS STAFF NAME | ADMINISTRATION | DIVISION |
| 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** |
|  |
| [ ]   **Approved** | [ ]   **Approved with changes** | [ ]   **Denied** |
| CCLS SIGNATURE DATE  |