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| **Trainee Stipend Billing Agreement Amendment**  ***Template Effective June 2016*** | | | | | | |
| **Prime Institution**  Name:  Address: | | | **Trainee Institution**  Name:  Address: | | | |
| **Prime Award No.** | **Agreement Reference #** | | | | **Amendment No.** | |
| **Effective Date of Amendment** | **Prime Institution Program Director** | | | | **Trainee** | |
| **Amendment(s) to Original Terms and Conditions**  *[\*\*IMPORTANT NOTE: This amendment template is to be used to implement changes within a given appointment period and is not to be used in providing funding for a re-appointment period. A new Billing Agreement should be issued for each appointment period.*  *Instructions to Drafter: delete the bullets below that do not apply to the changes being made via this amendment and this text (in red) prior to sending to other institution.]*     1. The Mentor for this trainee is hereby changed to \_\_\_\_\_\_\_\_\_\_. 2. The Appointment Period authorized under the Trainee Stipend Billing Agreement is hereby revised to \_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_. 3. The Stipend amount authorized under the Salary Billing Agreement is hereby revised from $\_\_\_\_\_ to $\_\_\_\_\_. 4. The Tuition/fees amount authorized under the Salary Billing Agreement is hereby revised from $\_\_\_\_\_ to $\_\_\_\_\_. 5. The Travel amount authorized under the Salary Billing Agreement is hereby revised from $\_\_\_\_\_ to $\_\_\_\_\_. 6. Total Authorized Amount to be reimbursed to the Trainee Institution under the Trainee Stipend Billing Agreement is hereby revised from $\_\_\_\_\_ to $\_\_\_\_\_.   All other provisions of the Trainee Stipend Billing Agreement shall remain unchanged and in full force except to the extent that any other provision is in conflict with the modifications set forth herein in which case the modifications in this Amendment shall control. | | | | | | |
| By an Authorized Official of Prime Institution:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | By an Authorized Official of Trainee Institution:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Name:  Title: | | Date | | Name:  Title: | | Date |