



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	