

Joint Schedule 2 (Variation Form)

This form is to be used in order to change a contract in accordance with Clause 24 (Changing the Contract)

Contract Details		
This variation is between:	UK Research and Innovation (UKRI) ("The Authority") ("Contracting Authority") and Reed Specialist Recruitment Limited ("The Supplier")	
Contract name:	THE SUPPLY OF NON-CLINICAL TEMPORARY AND FIXED TERM STAFF RM6160 FRAMEWORK CALL OFF ("The Contract")	
Contract reference number:	CS22210	
Details of Proposed Variation		
Variation initiated by:	Contracting Authority, UKRI ██	
Variation number:	██	
Date variation is raised:	████████	
Proposed variation	To extend the original contract end date and amend the day rate.	
Reason for the variation:	To extend the temporary workers original contract end date to 31 st March 2023 and increase the day rate.	
An Impact Assessment shall be provided within:	N/A	
Impact of Variation		
Likely impact of the proposed variation:	None	
Outcome of Variation		
Contract variation:	This Contract detailed above is varied as follows: ██████████ <ul style="list-style-type: none">• Contract start date shall be 1st October 2022.• Contract end date shall be extended to 31st March 2023.• Day Rate has been increased to ██████ from ██████. Day Rate @ ██████ ex VAT for ██████ additional working days = £18,881.10 excluding VAT.	
Financial variation:	Original Contract Value:	£19,431.62
	Additional cost due to variation:	£18,881.10
	New Contract value:	£38,312.72

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1. This Variation must be agreed and signed by both Parties to the Contract and shall only be effective from the date it is signed by Contracting Authority.
2. Words and expressions in this Variation shall have the meanings given to them in the Contract.
3. The Contract, including any previous Variations, shall remain effective and unaltered except as amended by this Variation.

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Signed by an authorised signatory for and on behalf of the Contracting Authority

Signature 

Date 

Name (in Capitals) 

Address 

Signed by an authorised signatory to sign for and on behalf of the Supplier

Signature 

Date 

Name (in Capitals) 

Address 