**Joint Schedule 2 (Variation Form)**
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# 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) (**"Contracting Authority"**) **And** |
| | Reed Specialist Recruitment Limited **"Supplier"**) |
| Contract name: | THE SUPPLY OF NON CLINICAL TEMPORARY AND FIXED TERM STAFF RM6160 FRAMEWORK CALL OFF (**"the Contract"**) |
| Contract reference number: | GSS24292 |
| **Details of Proposed Variation** | |
| Variation initiated by: | Contracting Authority |
| Variation number: | 002 |
| Date variation is raised: | Tuesday 5th November 2024 |
| Proposed variation | To extend the original contract end date from 30th September 2024 to 31st January 2025 |
| Reason for the variation: | To extend the worker |
| An Impact Assessment shall be provided within: | N/A |
| **Impact of Variation** | |
| Likely impact of the proposed variation: | Low |
| **Outcome of Variation** | |
| Contract variation: | This Contract detailed above is varied as follows: |
| | End Date: Friday 31st January 2025 |
| | ███████████████████████ = £17,297.18 Ex VAT. |
| Financial variation: | Original Contract Value: | £9,416.82 Ex VAT |
| | Additional cost due to variation 001: | £13,676.84 Ex VAT |
| | Additional cost due to variation 002: | £17,297.18 Ex VAT |
| | New Contract value: | £40,390.84 Ex VAT |

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 the 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.

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

Signature

Date

Name (in Capitals)

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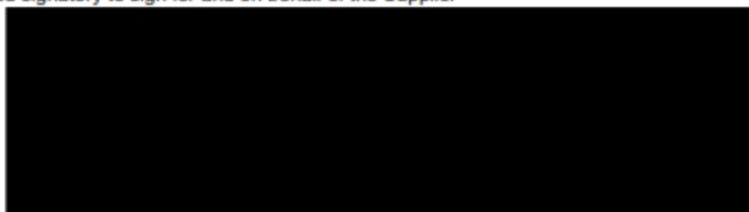
Signed by an authorised signatory to sign for and on behalf of the Supplier

Signature

Date

Name (in Capitals)

Address