

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 (the "Contracting Authority") And Reed Specialist Recruitment Limited ("the Supplier")	
Contract name:	THE SUPPLY OF NON CLINICAL STAFFING RM6277 CALL OFF ("the Contract")	
Contract reference number:	CS22590	
Details of Proposed Variation		
Variation initiated by:	Contracting Authority	
Variation number:	003	
Date variation is raised:	12/09/2024	
Proposed variation	To extend original contract end date	
Reason for the variation:	To extend the temporary worker's original contract end date from 30/09/2024 to 31/03/2025.	
An Impact Assessment shall be provided within:	N/A	
Impact of Variation		
Likely impact of the proposed variation:	Low	
Outcome of Variation		
Contract variation:	<p>This Contract detailed above is varied as follows:</p> <ul style="list-style-type: none"> ██████████ - Administrator Start Date : 01/10/2024 End Date : 31/03/2025 <p>Day rate @ ████████ ex VAT. ██████ additional working days = £25,543.51 excluding VAT.</p>	
Financial variation:	Original Contract Value:	£11,333.07 excluding VAT
	Additional cost due to variation 001:	£28,166.08 excluding VAT
	Additional cost due to variation 002:	£25,221.42 excluding VAT
	Additional cost due to variation 003:	£25,543.51 excluding VAT
	New Contract value:	£90,264.08 excluding 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



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