Contract No.

STATE OF NEW MEXICO

AGREED-UPON PROCEDURES CONTRACT AMENDMENT No. 1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter referred to as the "Agency," and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter referred to as the "Contractor,” agree:

**1. RECITALS.**

Agency and Contractor are parties to that certain Agreed-Upon Procedures Contract dated \_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Contract”), which they wish to amend pursuant to this Agreed-Upon Procedures Contract Amendment (the “Amendment”).

**2. AMENDMENTS.**

The parties wish to amend the Contract, as follows:

1. The Exhibit A to the Contract is deleted and Exhibit A attached to this Amendment is substituted in its place.
2. Section 1A is deleted in its entirety and the following is substituted in its place:

The Contractor shall perform an agreed-upon procedures engagement for Tier X of the Audit Act (Section 12-6-1 et seq., NMSA 1978) in accordance with the procedures fully described in Exhibit A of this Contract for the period ending XXXX.

C. Section 3A is deleted in its entirety and the following is substituted in its place:

The total amount payable by the Agency to the Contractor under this Contract shall not exceed XXXXXX, plus gross receipts tax.

**2. MISCELLANEOUS**

All provisions of the Contract not expressly amended in this Amendment remain unchanged. This Amendment is effective as of the date of the signature of the Office of the State Auditor.

 **AGENCY** **CONTRACTOR**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Amendment has been approved by:

**OFFICE OF THE STATE AUDITOR**

BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: DEPUTY STATE AUDITOR

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE AUDITOR CONTRACT NO.**18-\_\_\_\_**