

## Contract Variation Form - Fuel Surcharge for Clinical Waste Services

## **CONTRACT DETAILS:**

The Authority (customer to insert)	
The Supplier	SRCL Limited t/a Stericycle
Type of Services	Clinical Waste Collection and Disposal Services ("Existing Services")

## **VARIATION DETAILS:**

Effective Date	1 <sup>st</sup> June 2022

## Details of variation including pricing:

The parties have entered into a contract for the Existing Services ("Contract")\*. The cost of the Existing Services is significantly impacted by the cost of diesel, which is extraordinarily high and unpredictable. The parties now agree to vary the Contract to the following extent, in order to enable the Supplier to invoice an additional charge relating to diesel costs ("Fuel Surcharge") to the Authority:

- 1. Stericycle may apply the Fuel Surcharge to any invoice issued under the Contract after 1st June 2022.
- 2. The Fuel Surcharge will be calculated by reference to the Weekly Road Fuel Price in respect of diesel published by the UK government at <u>Weekly road fuel prices GOV.UK (www.gov.uk)</u> ("Pump Price").
- 3. The method of calculation is as set out in the accompanying letter from Stericycle to the Authority, and equates to a charge of £0.05 for each penny by which the Pump Price exceeds £1.42 at the date of billing, to be applied to each collection performed by Stericycle under the Contract during the billing period.
- 4. The Fuel Surcharge may be added to the Authority's regular Contract invoice or billed via separate invoice, at Stericycle's discretion.
- 5. For the avoidance of doubt, if the Pump Price is £1.42 or less, no surcharge is payable.
- 6. The parties agree that this contract variation is validly made in accordance with the Contract.
- 7. All other terms and conditions of the Contract are unaffected.

\*For the avoidance of doubt, if the Contract has expired but the Authority is continuing to receive the Existing Services from the Supplier, the terms of the Contract shall continue to apply as varied by this CCN.

Signed on behalf of the Authority:	
Signatory name:	
Signatory job title:	
Date of signature:	
PO Number (if known)	