

DeKalb County  
Department of Purchasing and Contracting  
Change Order Request Form

<b>User Department:</b>	<b>From:</b>
<b>RFP No.:</b>	<b>Title:</b>
<b>Effective Date:</b>	<b>Expiration Date:</b>
<b>Contract APPROVED Amount:</b>	<b>Number of Change Orders to Date:</b>

Contractor(s)	Contract No.	Agrees to Extend

**User Department Recommendation:** Renew  Bid  Increase  Decrease

Funding for Renewal Term: \_\_\_\_\_  
(Unused funds do not roll over to the next term. Provide the amount of funding necessary for the renewal term.)

Funding: General  Enterprise  3 Digit Fund Code \_\_\_\_\_ SPLOST  Category \_\_\_\_\_  
CIP Line Item No. (if applicable): \_\_\_\_\_

**Justification:**

*Chuck O. Ellis*

Department Director Signature

Date

**For Use by Purchasing and Contracting:** Approve  Deny

**Additional Comments:**

Purchasing and Contracting Signature

Date