DeKalb County Department of Purchasing and Contracting Contract Renewal Request Form

User Departments: Watershed Management	(DWM) From:	
ITB No.:	Title:	
Effective Date:	Expiration Date:	
Contract APPROVED Amount:	Number of Renewals to Date:	
Amount Released:		
Contractor(s)	Contract No.	Agrees to Extend
User Department Recommendation:	Renew	Bid □
Funding for Renewal Term:(Unused funds do not roll over to the next term. Pro	ovide the amount of funding necessary	ary for the renewal term.)
Funding: General	B Digit Fund Code	
CIP Line Item No. (if applicable): Aw	vard Amount(s):	
Vendor 1:Name/Amount	Vendor 2:	e/Amount
Vendor 3:Name/Amount	Vendor 4: Nam	e/Amount
Justification:		
Department Director Signature	I	Date

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For Use by Purchasing and Contracting:	Approve \square	Deny \square	
Additional Comments:			
Purchasing and Contracting Signature		Date	