

DeKalb County
Department of Purchasing and Contracting
Change Order Request Form

User Department: Finance	From: Purchasing and Contracting	
RFP No.: 18-500483	Title: Tax Filing, Wage Deduction, Employment Verification and Affordable Care Act Compliance Services	
Effective Date: September 11, 2018	Expiration Date: December 31, 2022	
Contract APPROVED Amount: \$823,544.12	Number of Change Orders to Date: 4	
Contractor(s)	Contract No.	Agrees to Extend
ADP	1126717	Yes

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:



Asst. Department Director Signature

December 1, 2022

Date

For Use by Purchasing and Contracting:

Approve ☐ Deny ☐

Additional Comments:

Purchasing and Contracting Signature

Date