DAS EGS-Procurement Set 1225 Ferry St. SE - 2 nd Floor U1 OR 97301 Phone (503) 378-4642 - Fax (503 DAS.PS.ContractServices@or	C E S C E S rvices 140 Salem, 3) 373-1626	esting Start Date	Contrac CSR # Received	ct Services Use Only
Please send completed form (including the Agency's required signatures) to the fax, e-mail or physical address listed above Contract Services Request Form (CSR)				
				Object
Requesting Agency Name			Code	
Agency Contract Admin			Phone #	<i>#</i>
Agency Subject Matter Expert			Phone #	
Agency Contract Coordinator			Phone #	£
Description of Product or Services Requesting				
Job Type: Please √ only 1 Job T and complete approp		Renewal Amendmen	t Review	Discontinue Service
NEW]
Product Type	Will vou want extension or renew No Yes, # of years	Est. Initial Contrac		Potential Contract Value (including renewals)
Proposed Expiration Date Vendor Name (if known)				
RENEWAL				
				Renewal Period
Est. Renewal Value	Prior CSR # (if known)	ORPIN # (if known)	, 	Start
Vendor Name End End				
	Proposed Expiration Date	Prior CSR # (if kno		ORPIN # (if known)
Vendor Name	Proposed Expiration Date		JWIT)	
Est. Amendment Value Est. Potential Contract Value (including Amendments & Renewals)				
REVIEW		DISCONTINUE SERVICE		
T&C's		Effective Date	Prior OR (if kno	
Other				
Please Description		Vendor Name		
Agency Signatures				
Authorized Budgetary				
Section Manager	Print		Sign	Date
Section manager	Print	ILs	Bign	Date