

Pharmaceutical and Biomedical Sciences

CONTRACT RENEWAL FORM

Date:

Expiration Date of Current Contract:

Vendor Name: Agreement #:

Original P.O. #

Date(s) of Renewal: Through

Account # to Charge: Project Code:

Account Name :

Provide a description for the renewal and list the model and serial numbers for anything equipment related below:

Authorized by:

**Purchasing Contact: Ms. Mary Eubanks
706-542.4410**

Complete form and turn it in to Mary Eubanks.