



Rockingham County Commissioners Bid Waiver Request

Copy of signed form must accompany request for payment.

Department

Line Item Organization #

Line Item Account #

Line Item Project #

(2nd) Line Item Organization #

(2nd) Line Item Account #

(2nd) Line Item Project #

Below: only use multiple vendor lines if amount is to be split between more than one vendor. Please use the explanation box to summarize quotes received, if applicable.

Vendor

Amount

Vendor

Amount

Vendor

Amount

Reason(s)
bid process
should be
waived

O/DD
Signature

Date

Finance
Review

Financial Analysis By: _____ Date: _____

Information and signatures completed

Supporting documentation attached

BOC
Approval

Approved

Denied

Meeting Date: _____

Commissioner Coyle, Chair

Commissioner St. James, Vice Chair

Commissioner Tombarello, Clerk