



## VENDOR CONTRACT HELP REQUEST

Complete this form to request help related to contracting and procurement.  
Be sure to furnish as much detail as possible.

Requester Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Business Name \_\_\_\_\_  
Today's Date \_\_\_\_\_

### NATURE OF HELP REQUEST (check one box)

General Knowledge

Other

Specific Contract Question - Contract Number & Name

### DETAILS

Please describe help requested (must be completed):

Anticipated Resolution (must be completed):

To submit, save help form to your computer then email form as an attachment to  
[GSS-Contract-Help-Vendor@delaware.gov](mailto:GSS-Contract-Help-Vendor@delaware.gov).