Bureau of Highway Maintenance Spending Request

**Instructions:** Please complete the following form for **ALL** spending requests originating from BHM. Forward the form and all associated documentation to the section chief for approval. The section chief or designee will forward these materials to the Program Management Section for Bureau Director review/approval. **NO** expenditures will be approved without this completed form.

**Request Date: Requested By:**

**August 6, 2014 Robert Spoerl**

**BHM Section: Unit:**

**Freight Mgmt. & Roadside Facilities Roadside Facilities**

**Description of Item or Service: Kenosha SWEF**

Perform annual calibration and preventative maintenance of brake testers in the inspection building.

**Total cost of the Item or Service requested?**

**$1,201.00**

**Contract Type:**

[ ]  Inter-agency Agreement [ ]  2-party Consultant Contract

[ ]  Master Contract Work Order [ ]  Consultant Contract Amendment

[x]  Purchase Order [ ]  P-card
[ ]  IT Procurement [ ]  Other – Direct Pay

**Project ID:**

1032-05-60

Funding Source:

**[ ]** BHO Spending Plan [ ]  Improvement contract
[ ]  Federal Grant or Earmark Funds [ ]  Fiber Appropriation

[ ]  SPR Funds [x]  Other

**What is the business need for the expenditure?**

Annual calibration and preventative maintenance of both brake testers in the inspection building. Complete the calibration prior to Brake Safety Week scheduled for September 7-13.

**Will there be any on-going operations or maintenance expenses associated with the expenditure?**

**[ ]  No [x]  Yes**

**If yes, please describe and give anticipated O&M costs:**

Periodic preventative maintenance

**Approval:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Roadside Facilities Engineer**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Section Chief**

**Approved via e-mail [ ]  Yes Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Bureau Director**

**Return signed form to Bob Spoerl for processing.**