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:**

**July 6, 2017 Robert Spoerl**

**BHM Section: Unit:**

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

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

Repair, prepare and paint Kenosha SWEF operations interior walls and ceilings. Install plastic corner guards.

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

**$6,288.00**

**Contract Type:**

Inter-agency Agreement  2-party Consultant Contract

Master Contract Work Order  Consultant Contract Amendment

Purchase Order  P-card  
 IT Procurement  Other – Direct Pay

**Project ID:**

0072-10-21

Funding Source:

BHM Spending Plan  Improvement contract  
 Federal Grant or Earmark Funds  Fiber Appropriation

SPR Funds  Other

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

The interior walls in the operations building are in need of painting. The walls were originally painted from when the facility opened in 2003.

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

**No  Yes**

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

**Recommend:**

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

**Roadside Facilities Engineer**

**Approval:**

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

**Section Chief**

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

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

**Bureau Director**

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