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

[x]  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 [x]  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?**

**[x]  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.**