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:**

October 5, 2018 LeAnna Wall

**BHM Section: Unit:**

Freight Mgt. & Roadside FacilitiesRoadside Facilities

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

Provide and install new Mettler Toledo static scale indicator Model IND780 to replace non-functioning unit. Static Scale is currently non-operative.

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

$7,510

**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:

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

[ ]  SPR Funds [ ]  Other

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

The indicator on the static scale is not functioning and needs to be replaced. The static scale is a required component of State Patrol’s commercial vehicle weight enforcement efforts.

**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 LeAnna Wall for processing.**