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:** August 3, 2018  **Requested By:** LeAnna Wall

**BHM Section:** Freight Mgmt. & Roadside Facilities **Unit:** Roadside Facilities

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

Prepare and paint truck bay floor, pits, install new LED pit lighting

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

$36,326

**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:**

1000-01-62

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?**

Truck bay epoxy floor is worn smooth in spots from use. Pit walls are delaminating and causing slip/fall hazards for State Patrol staff at the facility. Pit light fixtures must be removed to repair pit walls so they will be replaced with more energy efficient & brighter LED lighting.

**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:**

**Approval:**

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

 **Roadside Facilities Engineer**

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

 **Section Chief**

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

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

 **Bureau Director**

**Return signed form to LeAnna Wall for processing.**