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:** September 5, 2018  **Requested By:** LeAnna Wall

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

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

Pit lighting removal and new LED lighting install for the Kenosha SWEF Floor & pit painting project.

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

$7,900

**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:**

1000-01-62

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?**

Pit light fixtures must be removed to repair and paint the pit walls. Once the inspection bay floors and pit painting is dry the pit lighting will be replaced with more energy efficient & brighter LED lighting.

**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:**

**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.**