

MICHIGAN DEPARTMENT OF TRANSPORTATION
BAY REGION
FINAL PROJECT REVIEW REQUEST FORM

DATE OF REQUEST		MDOT		LOCAL	
PROJECT CONTROL SECTION		PROJECT JOB NUMBER			
PROJECT OVERSIGHT USING					
AASHTOWARE		FIELDMANAGER			
PAYROLLS					
LCP TRACKER		AASHTOWARE CIVIL RIGHTS & LABOR		PROJECTWISE	
				PAPER	
				NOT APPLICABLE	
MDOT CONSTRUCTION ENGINEER / MDOT TSC					
CONSULTANT / AGENCY NAME			ADDRESS		
PROJECT ENGINEER NAME			E-MAIL ADDRESS		PHONE NUMBER
OFFICE TECH NAME			E-MAIL ADDRESS		PHONE NUMBER
TICKETS SCANNED TO PROJECTWISE			LOCATION OF TICKETS (ProjectWise File or Physical Location)		
YES			NO		
NUMBER OF PAY ITEMS			PROJECT COMPLETION DATE		
PROJECT DESCRIPTION AND COMMENTS					