Michigan Department
of Transportation
5105R (05/2022)

DEVELOPMENT SERVICES DIVISION

CONTRACT REQUEST

01001((00/2022)	From Project Manager to Deve	lonmer	t Services Division Cont	ract Administ	ator		
	Project Manager: Plea	r to Development Services Division Contract Ad ger: Please complete and sign above the bold li attest that full funding is in place at the time of s				CT NUMBER	
CONTRACT/AMENDMENT NUMBER	AU	ITHORI	ZATION/REVISION NUN	IBER	AMOUNT OF THIS REQUEST		
MDOT CONTRACT ADMINISTRATO	R PH	PHONE NUMBER		PROJECT LOCATION (ROUTE/ADDRESS)			
MDOT PROJECT MANAGER	PH	ONE N	UMBER	COUNTY/MI	COUNTY/MUNICIPALITY		
VENDOR NAME		VEN	IDOR CONTACT PERSO	DN V	ENDOR C	ONTACT PHONE NUMBER	
VENDOR ADDRESS			VENDOR E-MAIL ADD	RESS			

PURPOSE OF CONTRACT/DESCRIPTION OF SERVICES AND LOCATION, IF APPLICABLE (Use same description as scope of work)

ORIGINAL EXPIRATION DATE (If applicable)							EFFECTIVE DATE			NEW EXPIRATION DATE			
AREA OF WORK		REGIO	SION OF WORK TSC/CENTRAL OFFIC				<u>.</u>	METHOD OF P	AYMENT		CONTRACT TYPE		
INCLUDE WITH THIS FORM							SELECTION TYPE						
RFB (Form 6	SELECTIONS (CSRT - 5100E)												
BID LETTER	SIGNATURE SHEET (Form 5100J)					TYPE OF REQUEST							
								TOTALS FROM ABOVE					
VENDOR ID NUMBER			CONT	CONTROL SECTION NUMBER			JOB NUMBER			TOTAL OF CONTRACT			
CS-138 REQUEST NUMBER							COMMODITY CODE						
PROJECT MANAGER SIGNATURE							DAT			TE			
REVIEW								APPROVALS					
CA REVIEW				CSRT SELECTION				CA Review			N/A		
AGREEMENTS WRITER (CSD) SAB AGENDA					Agreement CSD				N/A				
AG REVIEW (Example below) DIR AGENDA							AG Review Date OCA Review Date			N/A N/A			
OCA REVIEW				OTHER				OCA Cost Prop. Date			N/A		
			UTHER			CSRT Selection			N/A				
							SAB Date			N/A			
						l	DIR Date		N/A				

COMMENTS