

April 1, 2010

CONSTRUCTION MANAGEMENT REQUEST FOR TASK ORDER APPROVAL

Submitted To:
Oklahoma Department of Transportation Project Management Division 200 N.E. 21st Room 3-C9 Oklahoma City, OK 73105 Phone: (405)522-7601 Fax: (405)522-7612

Submitted by:			
Provider Name			
Address			
City, State, Zip Code			
Phone		E-Mail	
Fax		Address:	
FEI #			

Engineering Contract Number	
Task Order Number	
Project Number	
Job Piece Number	
County	

Scope of Work

FEE PROPOSAL

Compensation Method:

Task Order Budget Total

Lump Sum: \$ _____ Hourly: \$ _____ \$ _____

Cost Per Unit of Work: \$ _____ Cost Plus Fixed Fee: \$ _____

Project Time Estimates:

Construction Contract Time: _____ Complete by Date: _____

Estimated Start Date: _____ Estimated Work Weeks: _____

Project Labor:

Classification: _____ Name of Personnel: _____ Hourly Rate: _____ Anticipated Overtime _____ Time on Project: _____ Total Cost: _____

Labor Total: _____

Materials Testing

Test Type _____ Quantity: _____ Unit: _____ Cost per Unit of Work: _____ Total: _____

Testing Totals: _____

Additional Project Expenses:

SCHEDULED DELIVERY DATE:

FIELD DIVISION APPROVAL

PROPOSAL APPROVAL:

DIVISION ENGINEER DATE

FHWA APPROVAL

PROVIDER DATE

FHWA Signature DATE