

Transmittal Sheet

USE THIS FORM FOR PROJECTS FUNDED WITH

COUNTY FUNDS ONLY

COUNTY ENGINEERING TO THE OFFICE OF PURCHASING
OR

TO THE OFFICE OF PURCHASING

DEPARTMENT NAME

Project (Formal Name): _____

Department Contact: _____

Ph: _____ Cell: _____ Fax: _____

Date: _____

Requisition Attached: Yes No

CERTIFICATION FOR DISCLOSURE OF FUNDING BY: _____
(NAME)

FUND NAME _____ FUND NUMBER _____

Cost Center: _____ Object Code: _____ Project # _____

(Provide Details If All The Funds Are Not Available Within Your Departmental Budget
Attach Sheet(s).

Type of Project:

CCNA:

Construction:

*Study Est. Cost: _____

*Est. Cost: _____

*Construction Est. Cost: _____

*Independent Government Estimate (IGE)

CONSTRUCTION PROJECT

PERMITS: Yes No Comments: _____

Number of days to Substantial Completion..... _____

Number of days to Final Completion _____

Liquidated Damages Amount..... _____

CD w/ Drawings and Technical Specs..... _____

Intent/SOW brief Summary Statement..... _____

Projected Advertising Date..... _____

Projected Pre-Solicitation Date (**Non-Mandatory/Mandatory**) _____
(Projected dates to be finalized by assigned Purchasing Agent)