

Asset Management Council

WORK AUTHORIZATION



AUTHORIZATION NO.: *(Filled in by Lansing):*

CONTRACT NO.: *(Filled in by Lansing):*

CONTRACT PERIOD:

FROM:

TO:

AUTHORIZED VENDOR AND ADDRESS:

PRINCIPAL INVESTIGATOR:

PHONE NO.:

FAX NO.:

ASSOCIATE RESEARCHERS:

PROJECT NAME:

Asset Management Council Work Activities

DESCRIPTION OF WORK:

INDEX NO.	PCA CODE	OBJ CODE NO.	PROJECT NO.	PHASE NO.	RETRAINAGE
10030		1003		00	0

MDOT PROJECT MANAGER:

Rick Lilly

PHONE NO.:

(517) 335-2606

FAX NO.:

(517) 373-9255

EFFECTIVE DATE:

COMPLETION DATE:

SUMMARY OF COST

ITEM	AMOUNT
	.00